08238					
11 300	ylu	PHEMON	var holy		
	A. S.	di pasari.		toologi Una sinte	h. Sign
ing.a.		ty Egn. Hant.	A 3 >		
e menerale	alegals X	intilligan	i industrial	A Distriction	Areli I
1. JUSU	a time		and sub-	Holaday	I DSE
A.S. de Pento	(mest engage.	T particle T 450	(9=10)	L Eggs III	
.5 .6.	ingus nels	i i estimi			

.

		T		4.7	09331	DIVISION O		301 W. PRESTON			YLAND 21201 (10330	
	A	1		1	39334	511151511		CERTIFICATE (ione, man	1201	1	
	IFV	11	.01			rst	Middle	Lost		2a. DATE OF D	DEATH		2b. HOUR
	dear	es de la companya de		(1	ype or print) Edwa	rd	NMN	ALTON		Ju	Nonth 10 Doy	1968	9:15 M
		to Are		3. SE	Χ ,,	4. RACE	A International	S. DATE	OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	£ .	the ages			Male		Negro	Jan	. 24, 191	0	last birthday) 58 YRS.	MONTHS DAYS	HOURS MIN.
М	onic	by Pour		7a. E	IRTHPLACE (State or foreign		WHAT COUNTRY?	B. MARRIED NEVER		COUNTY OF I			
id.	24 hours after	d in Z2 h	2	cour	Md =	U.S.A		WIDOWED [DIVORCED X	Anne Ar	rundel		Md.
		ely Ælled in by the fun ban papers. Pages ↓; within 72 hours after	1		TY OR TOWN OF DEATH	11. giv	NAME OF HOSPITAL OR IN re street oddress)	Gen. Hosp.	120. USUAL during mos	OCCUPATION (Kind of work done fe, even if retired.)	12b. KIND OF E INDUSTRY	IUSINESS OR
	P /	000	00	13o.	USUAL RESIDENCE (Where dec	eosed lived, if insti	tution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMIT	15? 13e. STR	EET AND NUMBER		To the
	± (attending physician and somol permit. Then please remove c on, or removal, and in any ever	02	odmi	Mary Land	Anne	Arundel	Annapolis	YES NO	311	L Chester	Ave.,	5" 1533
	× ×	p p	1	14. F	ATHER'S NAME First	Middle	Lost	1S. MOTHER	'S MAIDEN NAME Firs	t	Middle		Lost
	9,	n ar			Louis	Wes	sley Alt	on	Geo	orgie	NMN	Molde	n
	ate	leog			WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY	NO. 17. INFORMAN	All the second second		Address		
	i i i	ohys			es, no, or orknown)	****	214-05-	1041 Loui	s Alton	924	Centra	St Ar	na Md
	ē	The			1B. CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), ond (c).)				APPROXIM BETWEEN ON	ISET AND DEATH
	ath	ndii or re			PART I. DEATH WAS CAL	JSED BY: EDIATE CAUSE (o)		Myocardia	1 Infarc	tion		1 hr	
	e de	afte perm on,			4109		R AS A CONSEQUENCE OF						
	=	sit p			Conditions, if ony, which gov rise to immediate couse (o		Cere	nary Arte	ry Dises	156			
	tha an.	by rran			stoting the underlying cous	1/1	R AS A CONSEQUENCE OF		311	Will Col			
	res	ol,			lost.	_) (c)_							
	ph.	signed I buriol-tr buriol, c			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT I	IOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(o)		
	w Will	the rto		NO	4301								
	e la	os prid		CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR V	WHICH OPERATION WAS P		AUTOPSY?		YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN CE	RTIFYING
	투호	use use	2	RTIF	ACCIDENT MAC INVESTOR	viluo I			NO [2]				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician.	D FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and same director, page 3 should be detached for use as the buriol-transit permit. Then please remove should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any expensely and in the state Dept.		MEDICAL CI	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF E (If either, notify medicol exo	DEATH HOUR A.M	Λ.	9	OCCURRED (Enter n	nature of injury	in Port 1 or Port 2,	Item 18.)	
	PHYS	this ce detoche e Dept.		W	at work of work			21f. LOCATION			or Town	County	Stote
	N A	fter be Stot			22a. I certify that (I) (saw the deceased	(this haspital) a	ttended the deceas	ed_from5-	5- , 19.59) to 7-	10- , 19.	68 , that	(I) (we) last
	EN	A: A			saw the deceased	alive an (l)	d) (did nat) view the	hadv after death	(my) (aur) apını	an death a	curred an the da	ite and haur o	nd fram the
×	ATTA	5 of t			22b. SIGNATURE	(vio) (ui	2/2				22c.	DATE SIGNED	
	OR De re	dw dw	1		01/	(the	2	DEGREE PHY	ENDING MED	ECTOR	STAFF PHYS. 7/	10/68	
	AL of	file	-1		22d. PHYSICIAN'S			22e.	ADDRESS				775
3	TI M	FUNERAL DIRECTOR: After rector, page 3 should be chould be the stort			NAME (Type) A.	T. Allen	, M.D.	6:	2 Cathedra	al St.,	Annapoli	s, Md.	
	HOS ge 4	PECTO	0	230.		b. DATE	23c. NAME OF	CEMETERY OR CREMATO	RY	23d. LOCATION	(City or Town)	(County)	(Stote)
	000	5 9 4	M		REMOVAL (Specify) 7	-13-196	8 Hopes	Chapel			A.A	.Co Me	1
	0.00	VR A 5	(4)	24.	FUNERAL DIRECTOR		ADDRES		2So. REC'D BY	REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	dar.
	No. of the	OM REV	/68	C	E. Hicks. 1	11 Anna	polis. Md		DATE JU	171	968 fch	arles fo	0

BRILL CIBIL IILDBUIRBLAIL JIL LIL

tive tool to the the table of the period of the S3 OF NS. Of the second second town and the control of the control nertan lends - Realer Alter Canrie Canrie Lucione on professional accompanies of the local post of the local accompanies at put a land and a finitely that the state of the state The court was the value of CONTRACTOR OF THE PERSON OF TH and the second s Lorent and a second of the first of the second And also less than 1985, at the less than the second that make the second the second that the second the second

PAZEO TALITANNE MINISTRATORIA, INTO JOSSE DE L'ESTRES Total and the felters and Length and Little Length at August Company of the second of the s The state of the control of the state of the

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Lost and 2 death. First Middle 20. DATE OF DEATH 2b. HOURP july Month funeral (Type or print) ATWELL 1968 Elnera Delmay 2:40 N 6. AGE (In years lost birthdoy) burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS Female White June 18, 1914 YRS. 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) U.S. WIDOWED | DIVORCED Anne Arundel Maryland campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street oddress) during most of working life, even if retired.) INDUSTRY please remave carban Annapolis Anne Arundel Ben. Hosp. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) Narvland 13b. COUNTY YES X NO [Anne Arundel Annapolis 186 Woods Drive 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First ERDINANO vsician die 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) INAPOLI requires that the death certifi APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) permit. Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES X 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on 1998, and that in __1968, and that in my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) Edward S. Beck. M.D. Franklin St., Annapelis, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) emerery 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1 68 LINNABOLIS, 1968 DATE

FACET DELL GRUCE K. DESERT THE ANALY TO SERVE THE RESERVE TARREST STATE OF THE STATE OF T and the first own to have the maker allege out of the first of maker than the parts of the latter of the second of the latter of the second of t The second second second The set of heart M.D. The set of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Joseph 2a. DATE KNOWN 2b. HOUR Robert Year (Type or Print) ESTI-3 ta Page 691 CVO DEATH MATED delay IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE fin years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 last birthday) artm Day -53 7a. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm WIDOWED [7] DIVORCED [New. Jersev Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY -DOA Westinghouse 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🔲 NO 🔽 P.O. Box #11 Arundel Pasadena Jumpers Hole hours Item 1 after Middle 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME Middle Rd. Robert Bancroft Theresa Albert = hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within 4 shauld be farwarded to the Chief Medical Exorning (Yes, no, ar unknown) 144-09-8888 Mrs. Doris M. Bancroft (wife) Same as \$13 APPROXIMASE INTERVAL BETWEEN ONSET AND DEATH .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a). any This certificate shauld writing the ward DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗔 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) P 21b. TIME OF INJURY Manth, Day, Year shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described obave, held on Autopsy ... Inspection 🖊 Inquiry ond in my opinion directar. death resulted from: Natural causes Accident Suicide [Hamicide Undetermined manner priar ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) July 5.1968 U.S. National Cemetery | Baltimore, Md. 250. REC'D BY REGISTRAR ADDRESS 1068 VR A15ME Glen Burnie. Md. reral 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

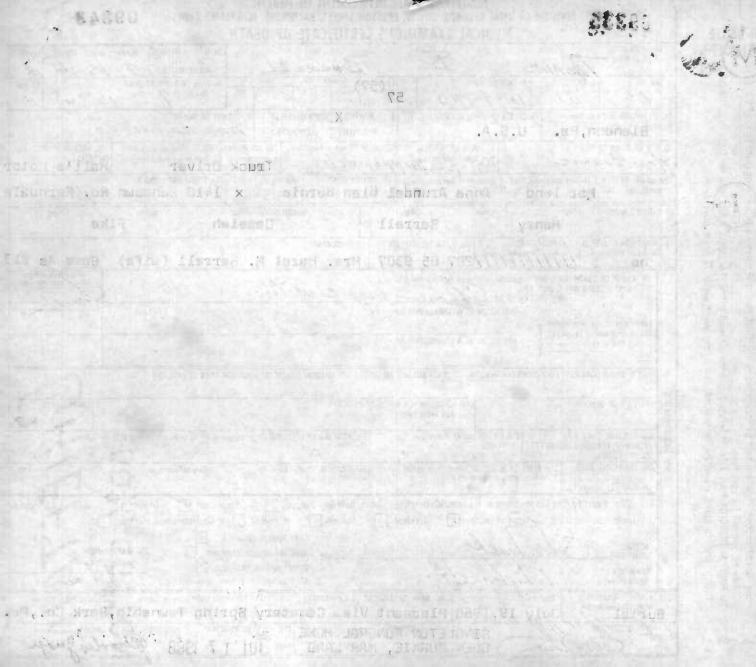
MAN WALLES

Jane La

			Section .
	rigseq.	irudo.	
	BESILL FLOOR		
	x = x	THE YEAR	C . 4011
64 ×	Ludno si sant		NAMES OF
5893a07 j		วายนา	n i
d fire. Corts ft. Baroneft	888-20-MA		BBY
	THE PARTY		
	To Maria		

09348 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First last 2a. DATE KNOWN Year 2b. HOUR (Type or Print) ESTI-63 MKKC DEATH MATED IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 10-9-1910 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH form Aure Amandel-Ca country Blandon, Pa. U.S.A. DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Motor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary land 3b. COUNTAnne Arufidel Glen Burnies NO 12 1410 Sundown Rd. (Ferndale) 24 hours tem offer 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Fike Barrell Cassiah Henry = should be forworded to the Chief Medical Examiner's pages hours within 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) /207 05 9307 Mrs. Hazel M. Barrell (wife) Same As no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a)? (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) mune. DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate cause (a). ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause . and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removol, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗀 NO P pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 🕝 Inquiry and in my apinian death resulted from: Natural causes Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health A.19-E() ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) July 19,1968 Pleasant View Cemetery Boring Township, Berk Co., Pa. FUNERAL DIRECT SUNGLETON FUNERAL HOME 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) GLEN BURNIE. MARYLAND DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



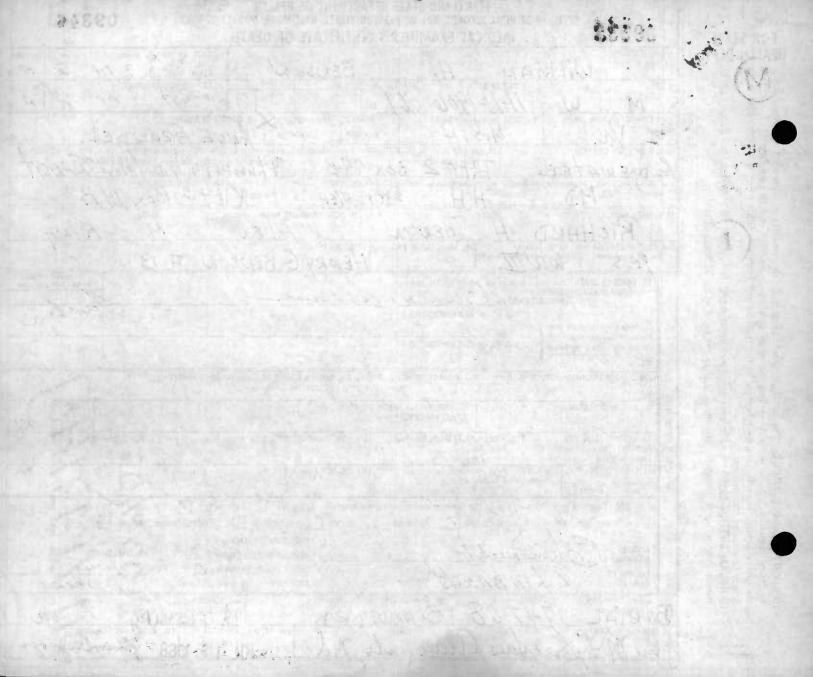
2 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9344
		CERTIFICATE OF DEATH	10033
± −2±		ECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
de and de a	L	Type or print) CATRERINE ELIZABETH BAUGH July 2	1968 3 A. M
frer frer	3. SI	EX 4. RACE S. DATE OF BIRTH 6. AGE in years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
by days		Jemale 1/1 Jan. 24, 1880 88 VRS	NONTHS ONLY
hau hau		BIRTHPLACE (State or foreign ntry) MARY LAND	1
P Pod	10 (U. S. WIDOWED □ DIVORCED □ Anne Arande L CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
law requires that the death certificate be executed within 24 nding physician. been signed by the attending physician and campletely filled is the burial-transit permit. Then please remave carban papiar ta burial, crematian, ar remaval, and in any event, within 7.	1	Len Burnie and. Plaza Manor Marsing Home during most of working life, even if retired.)	INDUSTRY
ed withii	130.	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
cute amp	odm	ission) STATE MJ. 13b. COUNTY AND CO. BALTIMORES YES NO TO 7014 Ft. Small	lwood Rd. (26)
execution of the company of the comp	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
be an a see of the second in t		George W. FRANK Rachel Jame Cole	-BRANK
squires that the death certificate be exec physician. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any	160	NAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. No unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 212-50-1331	II Glen Buenie
ertif phy hen nava	H	ALT OF THE MINISTER OF CLIPTON OF THE STREET	APPROXIMATE INTERVAL
he death ce attending permit. Th		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
dea trmii n, ar		PART 1. Death was caused by: IMMEDIATE CAUSE (o) CARDIAC Decompensation C Stroke 4379 DUE TO, OR AS A CONSEQUENCE OF	- 10 mo
the of the sit per notice			32405
that in. by ff ans		Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	7.5
squires that t physician. signed by the burial-transit burial, crema	1	lost. (c) Cerebral ARteriescleRosis	374R5,
phy phy sign buri buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	V
ding ding een the arta	NO	3 3 4 X	ANGLE CREE IN CORPUSION
The atternation of the property of the propert	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO 🛣 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
lAN: al ar ficate for us Healt		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	em 18.)
SICIA spita sertifica af F	MEDICAL	(If either, notify medical examiner) P.M. 19	
G PHYSICIAN: The the haspital ar atte this certificate has detached far use a fe Dept. af Health pr	×	21d. INJURY OCCURRED While Not while of work Not	County Stote
	R	22a. I certify that (1) (this haspital) attended the deceased fram AFR. 12, 1967, ta July 2, 19	8, that (I) (we) last
OR ATTENDING be retained by th SIRECTOR: After the 3 shauld be dedowith the State		22a. I certify that (I) (this haspital) attended the deceased fram APR, 12, , 19 67, ta July 2, 19 saw the deceased alive an June 29, 19 68, and that in (my) (aur) apinian death accurred on the dat causes stated abave, (I) (we) (did) (did nat) view the bady after death.	e and haur and tram the
SP CT OF SP		22b. SIGNATURE	ATE SIGNED
or be DIR		DEGREE PHYS. DIRECTOR PHYS.	ly 2, 1968
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type) Pichard H. Hunt 22e. ADDRESS 100 Cherry Cay, Ren Bu	ruir, Mid
HOS Age 4 FUN recto	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 73d. LOCATION (City or Town)	(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	24	Bury 1 Pecify) July 5, 1968 Arlington Nat. Cemetery Arlington, Virg	
VR A15 (4) 30M REV. 1/68	Ge	eorge J. Gonce 4001 Ritchie Hwy. Balto. 21225 Jay - 8 1868 25b. REGISTRAR 25b. REGISTRAR'S S	

A A SEA CONTROL CHARGE THE PROPERTY SHOW THE A PERSON FROM MARKET BURNEY BU No of the late of tery to be settless of the Tell State and the State of the settless of the set 212 San William Long and Bridge and the comment of the the Experience of the Control of the Almostiv ... with the second of the months again to the second of the se And the Book and the Park of the Property of t

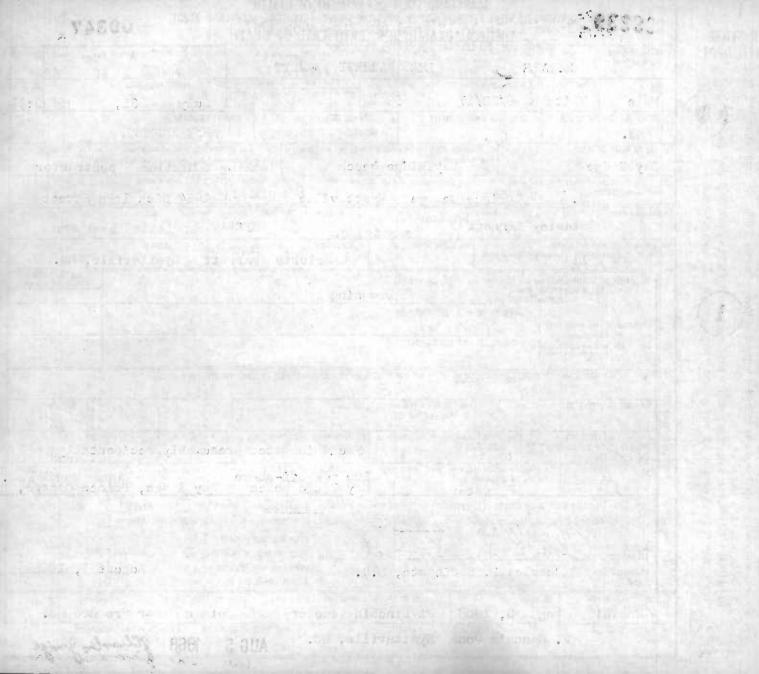
			DIVICION OF W			EPARIMENT OF		DVI AND 01001		
	IIt	em7a,8,13e,FilmGL		KIM KELOKDS,	CERTIFICA	ESTON STREET, BAI	O Q 3	KTLAND ZIZUI	09345	•
Tond 2		CEASED-NAME First	02 1/ 1//00	Middle	400	Lost	2a. DATE OF	DEATH		2b. HOUR
death	- {	ype or print) Timothy		J.	Bel	negan, Sr.	7	Month 16 Da	y 68 Year	6:27A
	3. SE	Male	4. RACE WY	nite	- S	8-26-86 1	885	6. AGE (In years last birthday) YRS.	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
	70. l		7b. CITIZEN OF WHAT U.S.A.	COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF Anne A	DEATH rundel	11.911	M
4	10. (G	ITY OR TOWN OF DEATH en Burnie		OF HOSPITAL OR IN:	Arunde	in haspital 12a. US	UAL OCCUPATION	(Kind of work dane life, even if retired.) Ster (ret.	12b. KIND OF INDUSTRY	
2	13a. adm	USUAL RESIDENCE (Where decease ssion) STATE Maryland	13b COUNTY	Residence before Arundel	13c. CITY OR T	OWN 13d. INSIDE CITY	r LIMITS? 13e. ST	REET AND NUMBER	SWAV	
	14. [ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME	First	Middle		Last
		(Unkr		Behegar			(Unknow			
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) UNKNOWN	or dates of carried	b. SOCIAL SECURITY 18-10-38		r. Newton	Behegan	Address (SON)	Glen Bu:	
		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA:	BY: TE CAUSE (a)	ar (g), (b), and (c)	(Down	diel In	fortion		APPROXII BETWEEN O	MATE INTERVAL DISSET AND OEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(b) DUE TO, OR AS A	CONSEQUENCE OF	cloviu_	Cardio vani	to ly	15000		
	z	PART 2. OTHER SIGNIFICANT CON		G TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(a)		
X	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. A	Manth Day Year	9	V INJURY OCCURRED (En		ry in Part 1 ar Part 2,	Item 18.)	
	M	While Nat while at wark			1	ATION Street or R.F.D. N	0	ar Town	Caunty	Stote
		220. I certify that (I) (this saw the deceased al A couses stated above	ve on		9.15. ond	that in (mv) (our) o	رمی , to pinion death o	occurred on the de	ote ond hour	(I) (we) los ond from the
		224 SEPATURE CE-TA	19		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. \square 22c.	DATE SIGNED	8
	1	22d. PHYSICIAN'S NAME(Type) Dr. Ale	jandro Mo	ntoya		22e. ADDRESS 707 Old Ar	napolis	Rd. N.E.	Glen Bu	rnie, N
	23a.	BURIAL, CREMATION, REMOVAL (Specify)			CEMETERY OR CI			ON (City ar Tawn)	(Caunty)	(State)
100	24.	FUNERAL ORGETOR	SIN	968 Gler GLETOPREST N BURNTI	TUNERAL	Memorial F HOME 2So. RECD	BY REGISTRAR	68 FORM	A CONTRACTOR	and

9084	harmo		
A TANK THE TOTAL THE	к (4.0	week to the
	8-	Walter Areas	
		• • • •	
X STATE OF STATE OF X	and the same of		on Lyan
			such that I
urdio nata Inde' bieshab	tiet - m	Assistant and the second	
The state of the s		den Pennya	The state of the state of
Salomal , gross as Assistan			

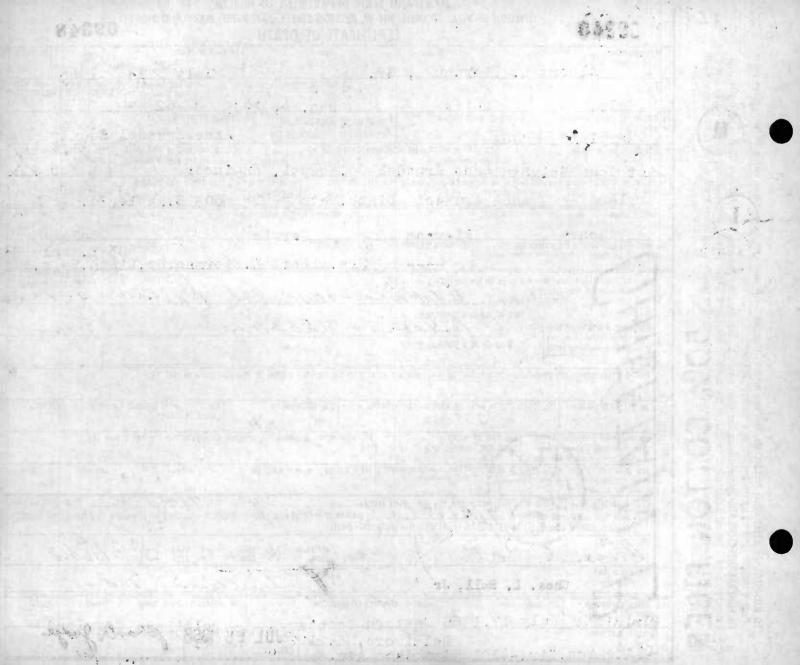
1 American	1	MARTLAND STATE DEPARTMENT OF HEALTH	0010
A ST AND	277		9346
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Doy Year 2b. HOUR
S & W 15	. (Type or Print)	4 68 19 M
	3. S		
e de la companya de l	5. 3	A log birghday Months DAYS HOURS MIN. Month > Day	Yeor CF 2d. HOUR
ny c 2, a PM part	-	19 W 17-17-1700 6/ YRS.	Yeor A - M
n Sep	/0. 40Ur	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
farr farr	2001	Va. U.S. H WIDOWED DIVORCED HOUR HRUNDE	EL Md.
ath th th Sta	10. 0		2b. KIND OF BUSINESS OF
ofter death any of 8. Give Pages 1, 2, a along with farm PM with the State Depart leath.	1	ENEWATER STREET BOX 74B Trum BED SENATIFIED	NOUSTROANCIT
Giv Giv Sng Th t	13o.	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 3c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER	110110311
ours after death m 18. Give Pages 1, ffice along with farm hd 2 with the State De ter death.	0	dmission) STATE MD 13b. COUNTY H A TOSMOTER YES NOT P4 2 BOY 74	IB
24 hours in Item 1 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14 F	FATHER'S MAME First Middle Last IS. MOTHER'S MAIDEN HOME First Middle	last
4 = 6 = 4		Pialloon il Review	Lost
Es Fin 2	1/-	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 AVENMANT ADDRESS	NING
hin 24 ncil in niper.		ADDRESS .	
ed within in pencil I Examiper		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
ed in		18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E unsit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curduses Malline	1
exe ndi Me nt		4299 DUE TO, OR AS A CONSEQUENCE OF	aske.
be "pe ief ief eve		Conditions, if ony, which gove	1
ould vord ne Ch al-tra any	-	rise to immediate cause (o), Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief A burial-transit in any even		last.	
e she to to bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pags should be forwarded to the Chief Medical Examipers Office along with files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sta ation, or removal, and in any event within 72 haurs after death.		TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
is certificate, writing forward a used a removal,	NO	196. CONDITION FOR WHICH OPERATION	20 AUTODOV2
this certificate, writing to forward be used to removal.	CERTIFICATION	WAS PERFORMED?	20. AUTOPSY?
MINER: This the certificate, 4 should be four files. The stool of the certificate, and the certificate of the certification, or remained the certification of the certification o	RIE		YES NO
4		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Yeor PRIMARY OR CONTRIBUTING 40b. A.M.	n 18.)
NER: e cert shoul filles. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19	
	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while post while foctory, office building, etc.)	County Stote
JICAL EXAMINER: Jease execute the certification. Page 4 should etained for your files. DIRECTOR: Page 3 should to burial, cremation, or to burial, cremation.		WHILE ONT WHILE TOCTORY, Office building, etc.)	
LED ecul or y or y	13	22a. I certify that I tagk-charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
ICAL E executor. Pa for ed for CTOR: burial,		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
olease e directar directar etained DIRECT or to bu			
please e l director retained		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIE	IONED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	IGNED
DEPUTY ecessary, p he funeral i may be re FUNERAL I ealth prio		EXAMINER'S F DEPUTY MEDICAL EXAMINER 7-14	100
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr		NAME (Type) L. N. N. PARCETT . ADDRESS(Street, city, town, or county)	1960-
01 01 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City or Town) (1	County) (State)
	L	METAL 1-17-60 DAHNDFORD PRISESBURG	Va.
	34.	FOURERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
VR A15ME [5] 10M REV. 1/68	Ja	hu M. Taylor + Seris Chinespolis Ma DATE 111 1 7 1968 Jelie	roles Judge
	100		



2	MARYLAND STATE DEPARTMENT OF HEALTH									
EOD CTATE	OS339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OS339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OS339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OS339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OS339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OS34	47								
FOR STATE HEALTH DEPT.	1 DECEASED NAME THE ZE TILL GLOSSING KK LCC	V. Int Holl								
	(Type or Print) CAPLYTE TEE BADDERM BEDDERM	Year 2b. HOUR								
d 3 to Poge Poge	3. SEX 4. RACE S DATE OF BIRTH 16. AGE IN 1990S I IF UNDER 1 YEAR IF UNDER 24 HRS. 20 DATE PRONOLINGED DEAD	1968 2d. HOUI								
y deloy 2, and 3 PM3. Po	Inst higher DAYS I MOUTES MIN LAND AND AND AND AND AND AND AND AND AND	Year 1968 3:00								
Pp Pp	70. BIRTHPLACE (State or foreign 7) CITIZEN OF WHAT COUNTRY? B. MARRIED TO INCUED MADDIED TO COUNTY OF DEATH	PM								
hours ofter deoth Item 18. Give Pages 1, Office along with form I ond 2 with the State per after deoth.	country)Md. USA WIDOWED DIVORCED ANNE ARUNDEL	M								
ofter deoth 3. Give Page along with 1 with the Stat	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital during most of working life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (If not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (IF not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (IF not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (IF not in hospital life even if retired) INDIVIDUAL OR INSTITUTION (IF not in hospital life even in hospital life	KIND OF BUSINESS OR								
ive live of the		tractor								
s often 18. Gi 18. Gi 18. Gi 18. Gi 19. deoth.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Md. 13b. COUNTY Prince George Hyattsville 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. FOR INSIDE CITY LIMITS? 14d. F									
hours or litem 18. Office al										
	Stanley Backett New Con	kburn								
hin 24 ncil in niner's poges hours	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS									
	(Yes, no, or unknown) 11 (If yes give war or doles of service) Charlotte parrett Hyattsville	, Md.								
ed with performance of the perfo	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
pending in ef Medical E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning									
be exemined Me went	9/09 DUE TO, OR AS A CONSEQUENCE OF									
T. E G	Condifions, if any, which gave rise to immediate couse (a).									
should ne word o the C burial-fr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
e she v the v to the buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
This certificate should cate, writing the word be forwarded to the Cl be used as a burial-from removal, and in any	4 2 9 8									
is certifite, writing forwar. Forwar oe used removal	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	20. AUTOPSY?								
ate, ne for pe for rem	WAS PERFORMED?	YES X NO								
## P P 0										
INER: 1 te certific should b files. 3 should notion, or	E CAUSE OF DEATH ? P.M. ? 19	cowned								
	factory, office building, etc.) IOO yds off-shore Anne									
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, crem										
ical Es e executor. Pog ed for CCOR: Purial,	22a. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection, Inquiry, death resulted from: Natural causes, Accident [X], Suicide, Homicide Undetermined monner	ond in my opinio								
please e I director retained	CHIEF MEDICAL EXAMINER									
prior	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNI	D								
Sary, inero	JIONATORE	1, 1968								
necessary, please e the funerol director 5 may be retained TO FUNERAL DIRECT Health prior to bu	NAME (Type) ADDRESS(Street, city, town, or county)									
5 = + 2 5 ±	230. BURIAL, CREMATION, REMOVAL Specify) Aug 5. 1968 Ft Lincoln Cemetery Colman Manor Pro G									
	24. FUNERAL DIRECTOR Aug 5, 1968 Ft Lincoln Cemetery Colmar Manor Pro G									
VR A15ME (5	F. Gasch's Sons Hyattsville, Md. DATE AUG 5 1968 Clienter									
10M REV. 1/68	DAIL NOOD 1000 J.	1								



120		09340 D	IVISION OF VITAL RECORDS, 3	STATE DEPARTMENT OT W. PRESTON STREET, ERTIFICATE OF DE	, BALTIMORE, MARYLA	ND 21201	9348	
funeral of and 2 er death.	(1		Middle L. Bierman . S	lost	2a. DATE OF DEAT	Manth Day	7ear 1968	b. HOUR
Safter Safter	3. SE	Male	4. RACE White	S. DATE OF BIRTH	. 1905 los	62 YRS.	UNDERT YEAR IF UND INTHS DAYS HOUR	DER 24 HRS. RS MIN.
72 ho	cgur		CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL OR INSTI	MARRIED NEVER MARRIED DIVORCED		rundel	County	Md
it, with	L	inthicum Heig	hts Anne Arunde	1 Co.Hospti	uring most of working life, e Engineer	even if retired.)	12b. KIND OF BUSINI INDUSTRY B & O	RR:
ony event,	odmi	ssian) STATE aryland ATHER'S NAME First	13b COUNTY	inth Hgts YES	□ NO□ 603 F		Rd.	et
ond in ony	16a.	Henry WAS DECEASED EVER IN D.S. ARMED	Bierman FORCES? 16b. SOCIAL SECURITY NO	Car		Addres 603	Cole	
, invoi	У	es, no, or unknown) (If yes give war ar NO 18 CAUSE OF DEATH (Enter only o	dates of service)	Mrs.Alber	t L.Bierman	Sr.Lin	th Hots	TERVAL
מסווסו, מיפווסוסוי, סי ופווסיסי,		PART I. DEATH WAS CAUSED BY IMMEDIATE (1: 10/1 1	is - Varce	alor NA	slau	BETWEEN ONSET AN	COM
		nse ta immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDIT	DUE TO, OR AS A CONSEQUENCE OF (c) IONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN I	PART 1(a)		
2	CERTIFICATION	19a. DATE OF OPERATION 19b. CON	DITION FOR WHICH OPERATION WAS PERF	ORMED 20a. AUTOPSY? YES	NO 20b. IF YES, CAUSES OF E	WERE FINDINGS CONS DEATH?	SIDERED IN CERTIFY	ING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Yeor P.M. 19		D (Enter nature of injury in	Part 1 or Port 2, Item	n 18.)	
	W	While Not while at wark	CE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			/	County	State
		sow the deceosed olive couses stated above, (I	nospitol) ottended the deceosed e on19) (we) (did) (did not) view the bo	, ond that in (my) (o	., 19 <u>42</u> , to <u>7</u> our) opinion deoth occur	rred on the dote		(we) los from the
		22b. SIGNATURE 22d. PHYSICIAN'S	Ball /	DEGREE ATTENDING PHYS.	MED. STA	FF D	TE SIGNED 168	i
	22-	NAME (Type) Chas.	L. Ball, Jr	METERY OR CREMATORY	Thileen	me	(Cauchy) (Sta	ata)
B	I	BURIAL, CREMATION, REMOVAL (Specify) Jul: FUNERAL DIRECTOR	y 17.1968 West	ern Cemetery	23d. LOCATION (CI	ty or lown) ((County) (Sto	ote)
1/68			Baltimo	ore, Md. 21229	107 7 0 1000	1	9	5



- 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	em#23d Film#G402 7/22/68 vmp CERTIFICATE OF DEATH	
uneral and 2 ar deoth.	DECEASED-NAME First Hartge Britt 2a. DATE OF DEATH (Type or print) Ruth Hartge Britt Doy3 Yeor 68 4	UR 39M
executed within 24 hours after deoth and completely these in by the funeral smove corban paper. Pages 1 and 3 ony event, withing 2 hours other deoth	Female 4. RACE white S. DATE OF BIRTH APR. 22, 1892 6. AGE (In years lightly) MONTHS DAYS HOURS	HRS. MIN.
24 hour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED A.A.	Md.
within within	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ANDAPOLIS 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital AND APOLIS 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) RECEPTION	R Dent
ote be executed with cian and completely and in ony event, with and in ony event, with	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE Md. 13b. COUNTY A.A. 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY A.A. 13b. COUNTY A.A. 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY A.A. 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS?	
2 5 5	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost EMILE ALEXANDER HARTES	_
physician physician en pleas	o. WAS DECEASED EVER IN U.S. ARMED FÖRCES? Yes, no, or unknown) (Il yes give war or dates of service) 106. SOCIAL SECURITY NO. 17. INFORMANT 579-48-6420A Edgar F. Britt 1732 QierLock Dr St.	ine
ot the death ce the attending isit permit. The mation, or rem	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c).) PART I. DEATH WAS CAUSED BY: Ond GESTIVE heart disease Outer To, or as sonsequence of conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c) Outer To, or as a consequence of course (c) Outer To, or as a consequence of course (c) Outer To, or as a consequence of course (c) Outer To, or as a consequence of course (c)	лн
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, crease	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 4 / 6 × 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY	
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or ottending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	TES NO CAUSES OF DEATH 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
G PHYS the host r this cel detache	While of work of work of work	te
TTENDING bined by the OR: After could be d	saw the deceased alive on19	lost the
TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22b. SIGNATURE ATTENDING PHYS. DEGREE PHYS. ATTENDING PHYS. DIRECTOR PHYS. 22c. DATE SIGNED 4 6 8	
OSPITA e 4 mo) JNERAL ctor, pc	NAME (Type) Willard F. Smith Shady Side, Md.	=
Pog 5 grand	REMOVAL (Specify) July 6,68 Quaker Galesville, A.A., Md.	
OM REV. 188	farduty & Son Faluville, md DATE 250. REGISTRAR 1968 Clientes Juge	

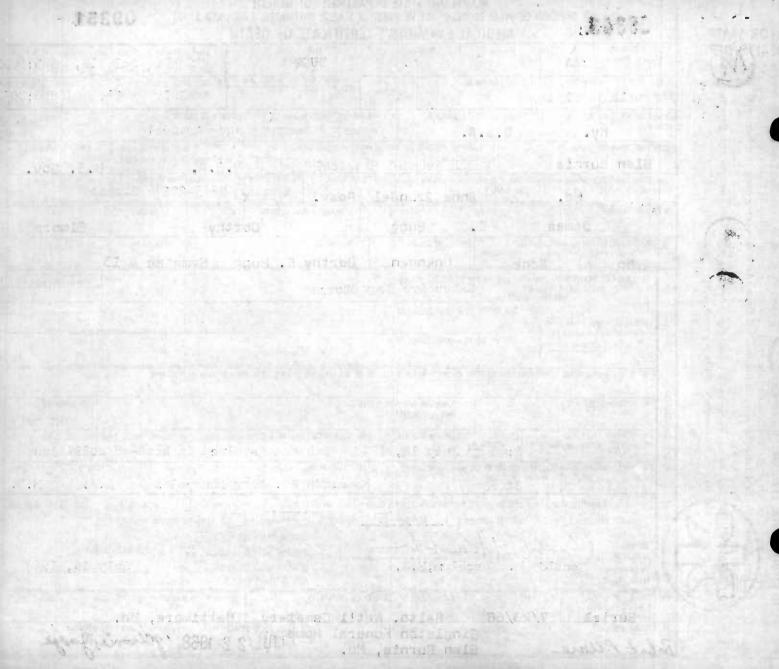
11000 4556V 3 68 438 NT EXA 2011/15 Englishmen Edelin Telegra Congestive heart disput months Thedenstie best done ELLANASS. September 1981 11 JUC

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09350 CERTIFICATE OF DEATH DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR eath. uneral pub (Type or print) after 4. RACE 3. SEX 6. AGE (In years DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS YRS. haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED E DIVORCED [Amerkunder Co. filled, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.)
Self Employed burial, cremation, or remaval, and in any event, with give street oddress INDUSTRY ANNAPOLIS ANNEARITME ompletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? remave tar Uted YES X NO 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Lost Last pup requires that the death certificate be LIZA attending physician termit. Then please 17. INFORMANT 1518 FT Devis Drive SE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, or unknown) (If yes give war or dates of service) 185-38-5282 James Marshall 45 1 N 9 TON D.C. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR_AS A Conditions, if ony, which gove) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta l 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO T TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED Street or R.E.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from ased from ______, 1962 , ta_____, 1962 , that (I) (we) last _____, and that in (my) (our) apinian death acturred an the date and haur and from the , that (1) saw the deceased alive an_ causes stated abave (4) (we) (did (did nat) view the bady after death 22b. SIGNATUR 22c. DATE SIGNE ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) R. L. Richardson, MB. Anne Arundel General Hospital 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) Suitland, P. G., County, REMOVAL (Specify) Md. July 12, 1968 Lincoln Mem. Cemetery Sulta Bros. Fun. Home ADDRESS 621 F1a. Ave 250. RECD BY REGISTRAR 9 REGISTRAR'S SIGNATURE VR N. Washington, D. C.J. 1

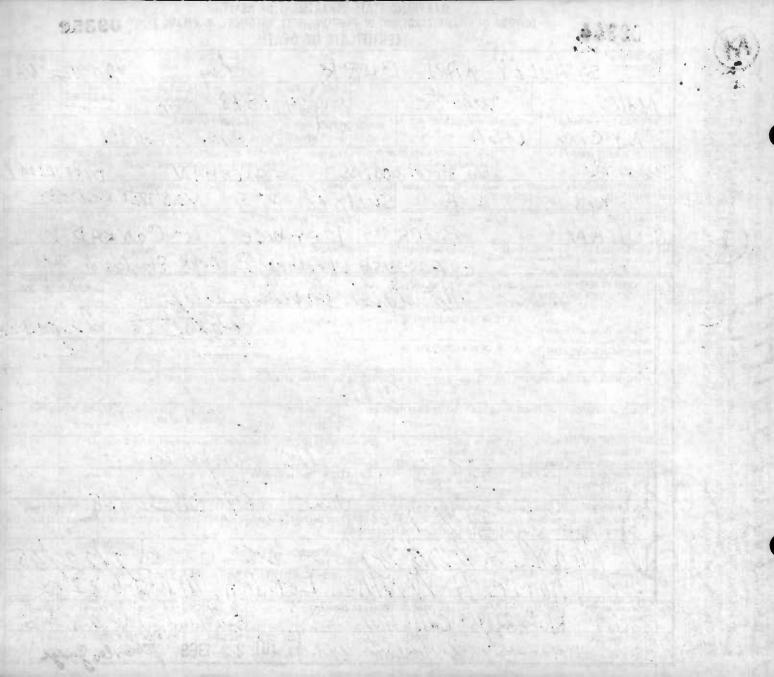
OF THE PROPERTY OF THE PROPERT British from the state of the s Physical Street always street, which is the test of the test of the street of the Some straight with the second La read Larent Laborate and Laborate La Contract of the County of Land Company of the C

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09351 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2g. DATE KNOWN Manth Day Year 2b. HOUR (Type or Print) OF ESTI-DEATH MATED MARY D. BUGG G July 19, 10 686:30P 0 delay 3. SEX 4. RACE 6. AGE (In years IF UNOER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOURD Month July Day 19, Year 10 68 6:30 Female White YRS. with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDX 9. COUNTY OF DEATH Anne Arundel U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR North Arundel Hospital INDUSTRY during most of working life, even if retired.) Glen Burnie U.S. Gov. along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 2605-221st Street admissian) STATE 13b. COUNTY Md. Anne Arundel Pasa. Item] 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle E. James Bugg Dorthy Elmore within 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** (Yes, na, ar unknown) Unknown Dorthy B. Bugo Same as # 13 withir 72 .⊆ APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Extensive Body Burns permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gave rise to immediate cause (a). word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote. YES X NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should HOUR ANK July 19, 1968 PRIMARY X OR CONTRIBUTING cremotion, Subject involved in head-on collision CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote foctory, office building, etc.)
Street WHILE NOT WHILE AT WORK Mountain Rd. Near Annapolis M.D. A.A. 22a. I certify that I taak charge af the remains described above, held an Autapsy 🔀, Inspection . Inquiry , and in my apinian Natural causes Accident Suicide Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED Ronald N . Kornblum, M.D. DEPUTY MEDICAL EXAMINER July 19, 1968 **EXAMINER'S** 5 moy TO FUNE Health NAME (Type) ADDRESS(Street, city, town, ar county) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 7/23/68 Balto. Nat'l Cemetery | Baltimore. Md. Suria2 Singleton Funeral Home So. RECO BY REGISTRAR 1968 VR A15ME [5] Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



2		Au	MARYLA	ND STATE DEPARTMENT	OF HEALTH	
// 01		00914	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	09352
De mark No.	13	USSAM.		CERTIFICATE OF DEA		00000
	1 0	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
death and death		Type or print) STAA	LFY KAR)	BURK		Doy 1 0 Yeor/9/0 4/A M
ir d	3. S	FX /	4. RACE / /	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
low requires that the death certificate be executed within 24 hours after dean nding physicion. been signed by the attending physicion and completely filled in by the funers the buriol-transit permit. Then bledse remove carbon papers. Pages 1 and into buriol, cremotion, or removal, and in any event, within 72 hours after deal into buriol, cremotion, or removal, and in any event.	0	Mole	white	Mdy 29	1898 lost birthday)	MONTHS DAYS HOURS MIN
by by		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVEL MARRIED	9. COUNTY OF DEATH	1 /
n 24 ho illed in papers.	- (00	NY City	USA	WIDOWED DIVORCED		del Md.
fille in S	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 12	20. USUAL OCCUPATION (Kind of work dor	12b. KIND OF BUSINESS OR INDUSTRY
couted with completely flove carbon y event, with	S	hadyside	give street address)	address &	uring most of working life, even if retired	DISTILLER
omplete ve cark	13o	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	e 13c. CITY OR JOWN 13d. INS	SIDE CITY LIMITS? 13e. STREET AND NUMBER	tallogen
comp comp ove		140	A A	Svia al y sie	DNO NO Street	r carenz_
cion and co	.14.	FATHER'S NAME First	Middle Lost	19. MOTHER'S MAIDEN	NAME First Middle	Lost
d dip	L	UIIAN	13URI		uce Co	NRAD
5 S 5		. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give v	MED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	D Back Cl	1.1.1.11
physon oval,	-	No -	- 577-20	25/8H Dorothe	a P. DUTK Sha	APPROXIMATE INTERVAL
equires that the death certific physicion. signed by the attending phy buriol-transit permit. Then buriol, cremotion, or removal		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b) and	ax fi	1	BETWEEN ONSET AND DEATH
endi mit.			ATE CAUSE (o)	laur vava	nona of	
aff per ion,		185 X	DUE TO, OR AS A CONSEQUENCE	OF .	Dr Art to	- Lilhann
the the sit mot		Conditions, if ony, which gove in ise to immediate cause (a),	(b)		Mousie	NO YOUL
trar cree		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF .		1
equires that the physicion. signed by the buriol-transit in buriol, cremoti		lost.	(c)			
sig bul		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART I(0)	
e low re tending is been os the prior to	NO	190, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?	Tool it will with thinking	S CONSIDERED IN CERTIFYING
binG PHYSICIAN: The low reby the hospital or ottending lifer this certificate has been be detached for use os the Stote Dept. of Health prior to	CERTIFICATION	190. DATE OF OPERATION 1190.	CONDITION FOR WHICH OPERATION WAS	YES T	TAUSTS OF DEATUR	S CONSIDERED IN CERTIFIING
The or off ite ha	ERT	210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY		NO (Enter noture of injerty in Port 1 or Port	2 Item 183
ficat for for He		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy Ye		many in ron 1 or ron	z, nem 10.)
PHYSICIAN e hospital e his certifical stached for Dept. of He	MEDICAL	(If either, notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET,	FACTORY, 21f. LOCATION Street or R	R.F.D. No. City or Town	County State
PHY e ho nis o tack		While Not while	OFFICE BUILDING, ETC.	ZIE LOCATION SHEET OF K	City of Town	Coomy
V the er this det	12	of work of work	is hospital) attended the decer	read from	1967 to July 20	19 68, that (I) (we) last
ATTENDIN etained by CTOR: After should be ith the Stot		snw the decensed of	live on 14/11/19	19 68, and that in (my) (ex	pr) opinian death accurred an the	date and hour and fram the
ATTEND etained I CTOR: At should by		causes stated above	e, (1) (we) (did) (did nat) view th	e bady after death.		
E S S S S S S S S S S S S S S S S S S S	Н	22b. SIGNATURE	1/ 1/ 1/1/1/	200 ATTENDING	MED. STAFF	2c. DATE SIGNED
OR be rabe 3 de 3 de de welled w		MAY	De 10- Www	EGREE PHYS.	DIRECTOR L PHYS.	11/2/60
TAI May AI Page fi		22d. PHYSICIAN'S NAME (Type)	inloc H. M	22e. ADDRESS	thin ml o	6 82 (V
Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to			III III	1111 1201	111411, 110 2	0020
He Ge	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 22 /9 / 9 23c. NAME (OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	P (County) (Stote)
5 5	24	FUNERAL DIRECTOR	Myda 1160 (Bdd)	SS // 250.	REC'D. BY REGISTRAR 25b. REGISTRA	
VR A15 (4) 30M REV, 1/68	24.	Berndrd Ad	+ desty Liston	wille Md. DATE	111 9 9 1000 001.	
25		00 170 0 [10	1 20167	DAIL		



ATE	10	3 ^m 5-31-	68 DIVISIC	N OF VITAL	RECORDS 30	W. PRESTO	N STREET	BALTIMORE,	MARYLAN	ID 21201	0	9353	
T.	1 D	ECEASED-NAME	45 Fir		ICAL EXAN		EKIIFICA			DATE MHOUSE			de la man
		Type or Print)						31	20	OF ESTI-			reor 2b. HOUI
	3. S	FX I	4. RACE	S. DATE OF	P.	6. AGE (In years	SKIRK IF UNGER 1 Y	YEAR IF UNDER	24 HRS 2c	DEATH MATED		23	88 8:08:
		Male	White		17,1968	last birthday)		AYS HOURS	MIN	Month	Day	Yeor .	
1		BIRTHPLACE (Stote			WHAT COUNTRY?	8. M/	1	R MARRIED X	9 COUNTY	OF DEATH	July .	23, 1	68 6:08
		aryland		U S			OWED	DIVORCED [100000	e ARune	d o 1		
	10. 0	ITY OR TOWN OF	DEATH	11	NAME OF HOSPITA	AL OR INSTITUTIO	N (If not in hos	spitol 120. t	JSUAL OCCUP	ATION (Kind o	f work done		OF BUSINESS OR
1		Glen Bu	rnie	giv	ve street oddress) orth Aru	ndel Ho	spital	during	None	orking life, eve	en if retired.)	INDUSTRY	R
	130.	USUAL RESIDENCE	E (Where deced	sed lived, if ins	titution: Residence	before 13c. CIT	OR TOWN	13d. INSIDE CITY		STREET AND			
	0	dmission) STATE	Md.	13V. COUNTY	. A.	Sevi	ern	YES	NO 🔀	107 C	lark S	tation	Rd.
1	14. F	ATHER'S NAME	First	Mid	ldle	Lost	1s. MOTHER'S	MAIDEN NAME	First		Middle		Lost
			nald			skirk			andra		5.	Blev	ins
	160. (Y	WAS DECEASED EVI		FORCES?	16b. SOCIAL SEC		17. INFORMANT				DRESS	, Sa	me as
							Mr. Bo	omald [. Bus	KITK (fathe		OXIMATE INTERVAL
		1B. CAUSE OF PART I. DI	CATLL MAJAC CALLE	ID DV.	er line for (o), (b),					. 03		BETWEE	EN ONSET ANO DEATH
		038	IMMED		/KEphfkh		ticemia	a compli	lcatin	g inil	amma ti	on	
1		Conditions, if a	ny, which gove		OR AS A CONSEQU		of wmbs	ilical a	nt awa			13.0	
		rise to immedi stoting the un-		DUE TO.	OR AS A CONSEQU		OI WIND	LTJ.COT 6	al cely				
		last.	denying couse	(6)									
ı		PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH B	UT NOT RELATED	TO THE TERMIN	NAL DISEASE OR	CONDITION G	IVEN IN PART	1(0)		
		7670	0								.(0)		
I	CERTIFICATION	190. DATE OF OF	PERATION			N FOR WHICH OP	ERATION					20. A	UTOPSY?
1	RTIFIC				WAS PERF				37.				ES NO
1		210. EXTERNAL OF PRIMARY OR	AUSE WAS	21b. TIME HOUR	OF INJURY Month, E			RY OCCURRED (E					
1	MEDICAL	CAUSE OF DEATH	1		P.M. 7/2/	11968	dead/ka	and the form	SEKNIE				
	W	21d. INJURY OCC		PLACE OF INJUR octory, office buil	Y (At home, form, ding, etc.)	street,	211. LOCATION S	treet or R.F.D. No).	City or Town		County	Stote
		AT WORK AT	WORK M	/ Mome/			7 1 1 1					AA	Md
					f the remains d					ctian,	Inquiry [in my apinia
		death res	sulted fram:	Natural co	ouses 🗓 , A	ccident /	Suicide			Undetermin	ed manner		
		ACTUAL /	1111	216	mot-			CHIEF MEDICAL			00k BAT	CIONED	
		SIGNATURE #	M	Ry DA	774		M.D.	ASSISTANT MEDIC				E SIGNED	1069
		EXAMINER'S NAME (Type)		4	1			ADDRESS(Street		_		Ly 23,	1900
	230	BURIAL, CREMAT	ION. 23h	ner U.	Spitz M	ME OF CEMETED	OR CREMATOR	RY		CATION (City of	Town\	(County)	(Stote)
	200	REMOVAL (Special	fv\	uly 25	1968 6	len Hav	ADD MOR	n. Berk		en Bur			(31016)
1		FUNERAL DIRECTO	OR C	1376	ment	ADDRESS	JEH MEH	2So. REC'	D BY REGISTI	RAR 2Sb	. REGISTRAR'S	SIGNATURE	
3	5	ingleto	IN FUNE	ral Hom	ne JGle	n Burn:	ie, Md.	DATE J	UL 2	5 1968	you	arly !	Vacasas.
-												0	O.F.

8 7 COLUMN TO THE PARTY OF THE

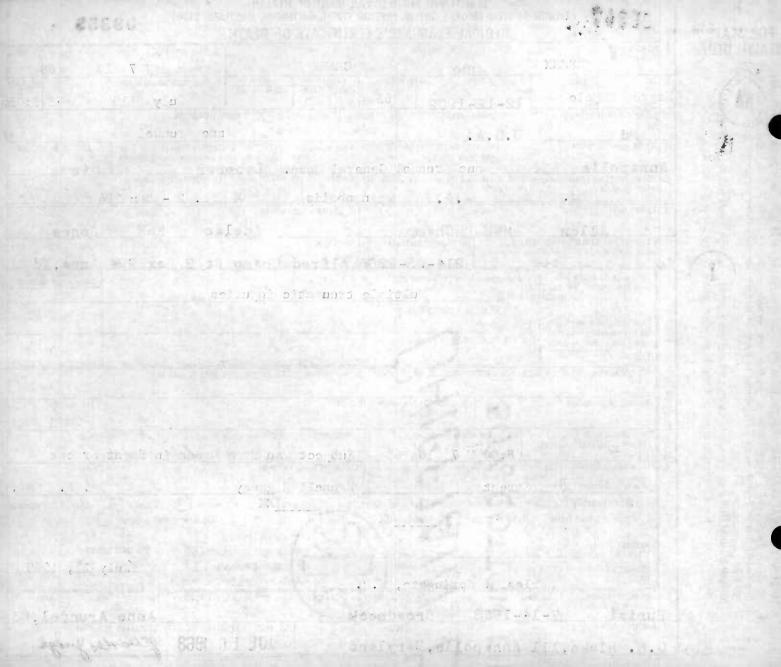
view and -- Haff, Pl 9415; merch cons a language raid rzevee Compile C. Cardinal C. Cardina Nome (tame) tome on the Bondle D. Bunkink (factors) 1985 2 The David Die Dr. Hell Service Charles Charles and the service of Birlel Jaky of read Clary bayen from Ferry Lines Burney Md. Gingleton suntral Hd is James Jumile, No. 1 , 100 5 1980 In Company House

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09354 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after deoth. (Type or print) 3. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years elest bigthday) MONTHS DAYS HOURS YRS hou 70. BIRTHIPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF-WHAT COUNTRY? MARRIED NEVER MARRIED ve corbon papers. event, within 72 h country) .⊑ DIVORCED WIDOWED X Md. filled 10. CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during-mash of warking life even it retired.) INDUSTRY completely 130. USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY NO. 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middl 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or triknown) (If yes give war or dates of sen 16b. SOCIAL SECURITY NO INFORMANT Addres (If yes give war or dates of service) burial, cremation, or remov ottending property of the 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE-OF Canditions, if ony, which gave: signed by the burial-transit lerex rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) ed for use os the hos been OR ATTENDING PHYSICIAN: The fow 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from ta , that (I) and that in (my) (our) apinian death occurred on the date and haur and fram the saw the deceased alive an. be retained causes stated abave, (1) (vie) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 21401 RICHARDSON. M.D. 110 Clay St., nnapolis, Md. 23c. NAME OF CEMETERY OR FREMATORY 23a. BURIAL, CREMATION, 23b. DATE LOCATION (Sity or Town) (County) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATI VR A15 (4) 30M REV. 1/68

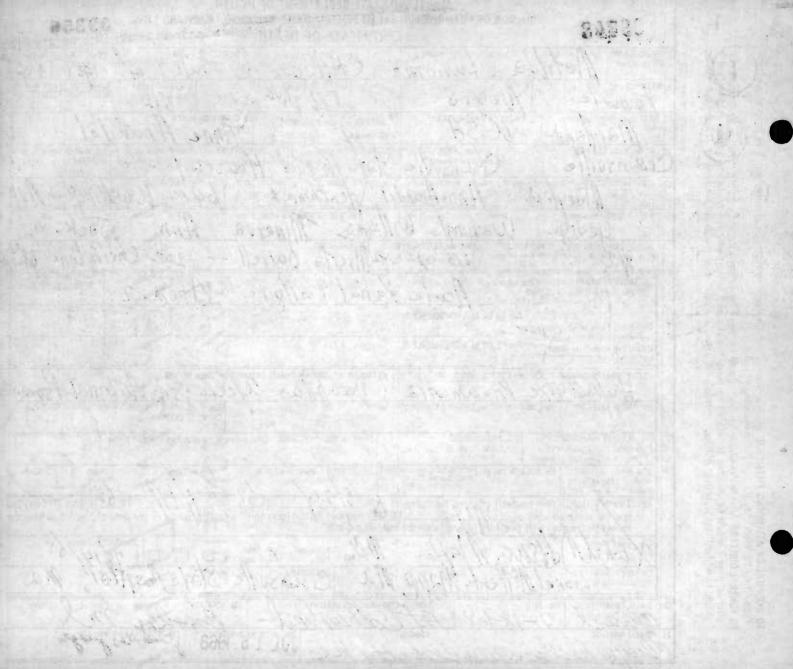


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09355 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWNX 2b. HOUR (Type or Print) ESTI-ESSEX CHAMP 10 19 68 of DEATH MATED NMN 4. RACE IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 65 yrs Doy 10 Male Negro 1968 9:05mp 12-12-1902 MARRIED NEVER MARRIED X 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED [DIVORCED Anne Arundel U.S.A. jo pencil in Item 18. Give Pages 1 and 2 with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street address) **INDUSTRY** Anne Arundel General Hosp. City Annapelia deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO X Md. Annapolis Rt. 2 - Box 294 Office ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Adelae NMN Champ Jones Allen NMN the Chief Medicol Exominer's QUES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within "pending" in pendil (Yes, na. or unknown) 214-05-2266 Alfred Champ Rt 2 Bex 294 Anna Mc 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND GEATH permit. W PART I. DEATH WAS CAUSED BY pending Multiple traumatic injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remavol, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pleose execute the certificote, YES X NO F 3 should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING CAUSE OF DEATH 8:00P.M. cremotion, Subject ran from woods in front of car 10 1968 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty Stote foctory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Md. Rennell Highway A. A. Street buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy KK Inquiry Inspection | and in my apinian Undetermined manner Suicide death resulted fram: Natural causes Accident X Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER July 11, 1968 5 moy ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) Charles S. Springate, M.D. 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7-14-1968 Breadneck Anne Arundel, Md Burisl 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR DATEJUL 1 6 1968 VR A15ME (5) C.E. Hicks. 111 Annapolis, Maryland

MAKTLAND STATE DEPAKTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09356 CERTIFICATE OF DEATH Middle . DECEASED-NAME 20. DATE OF DEATH (Type or print) 3. SEX. DATE OF BIRTH 6. AGE (In years IF UNOUR 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS E YRS. 24 haurs 76. CITIZEN OF WHAT (Stote or Foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED RAD WIDOWED DIVORCED 18 CITY OR TOWN OF DEAT NAME OF HOSPITALOR INSTITUTION (If not in bospital USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within INDUSTRY e e if retired.) signed by the attending physician and campletely burial-transit permit. Then please remove carban burial, crematian, ar removal, and in any event, with 130. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13CACITY OR TOWN 13b. COUNTY NO 14. FATHER'S NAME. Middle Middle First Dackson leor 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of hknown) (If yes give war or dates of service) -0/82 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for a), (b) and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING, ETC. Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (I) (this hospital) attended the deceased to saw the deceased glive an thot (1) , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an couses stated above (1) (we) (did (district) view the bady after leath. 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYSICIAN'S **ADDRESS** NAME (Type) LOCATION (City or Jown) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. (County) (State) 0 FONERAL DIRECTOR VR A15 (4) 30M REV. 1/68

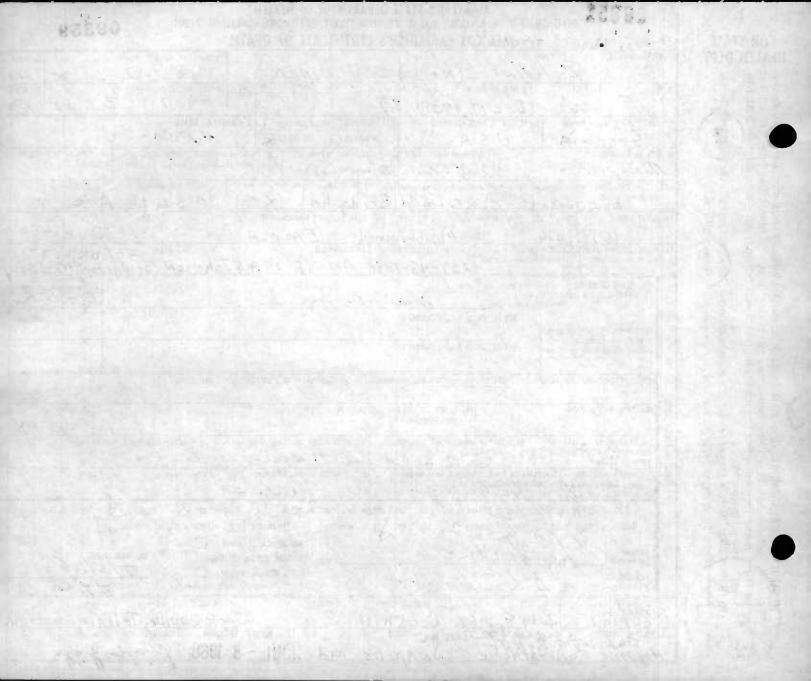


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 2g. DATE KNOWN 2b. HOUR (Type or Print) VINCENT ESTI-N. DEATH MATED July 20, 168 2:00 CHILDS Page 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR PM3 Jula Day 2:00F Male Negro 20. 1968 MARRIED NEVER MARRIED 70. BIRTHPLAGE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [DIVORCED [7] Anne Arundel 8. Give Poges 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olong with give street address) during most of working life, even if retired.) **INDUSTRY** Anne Arundel General 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 13b. COUNTY Baltimore 1019 McKean Street // Z 24 hours offer 1S. MOTHER'S MAIDEN NAME Middle hours 16b. SOCIAL SECURITY NO. File 72 APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO [please execute the certificate, 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, July20, 1968 Probably fell in water CAUSE OF DEATH WK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)
Water 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State FUNERAL DIRECTOR: Page Severn River M.D. Anne Arundel 220. I certify that I took charge of the remains described above, held an Autapsy x Inquiry [and in my apinian Inspection Natural causes . Accident x Homicide death resulted fram: Undetermined monner Suicide | . CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Ronald N. Kornblum, M.D. July 21, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION (County) REMOVAL (Specify) Musial 25a. REC'D BY REGISTRA

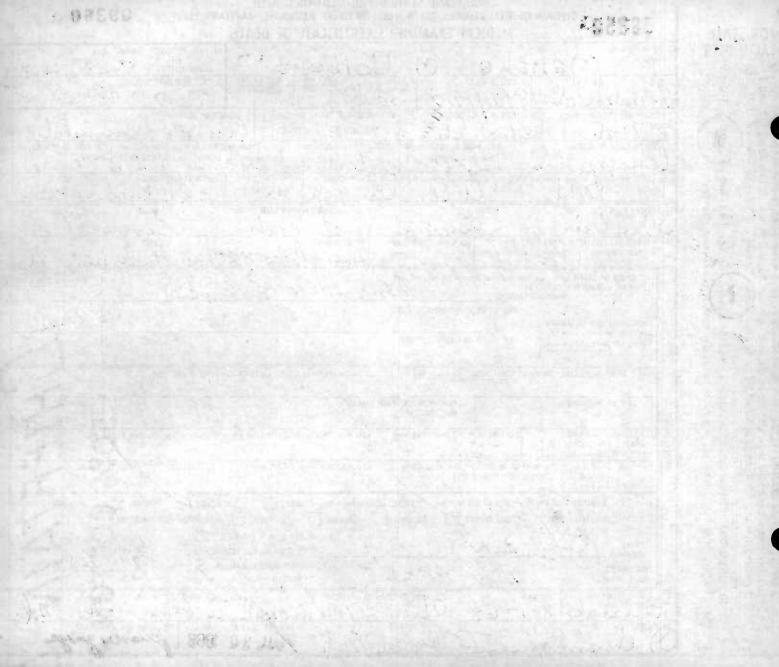


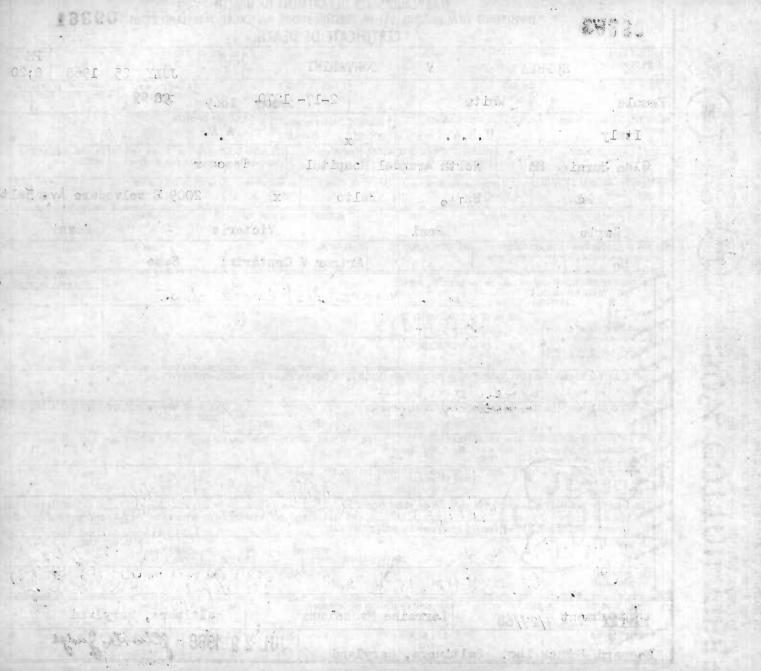
		- French			
					artan s
Aramies en.			•	* A	· DEHOUS
	A LOS				
en som som dag C. C. Tartino Cour		C cinar			
AUT N			MILE BOOK		
arrety forstone	N- NEL	Li yeri			= 61
.We must be real or by					

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.250
FOR STATE	Item#5.FilmGho2 7/15MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9359
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
ay is 3 ta Page	(Type or Print) Listella (NMI) ClARK DEATH MATED 7	3 KF DM
	3. SEX 4. RACE S. DATE OF BIRTH 3.000 6. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
and and was del	Pec 12 NAIOA STORS. MONTHS DAYS HOURS MIN. Month 7 Doy	3 Year 68 PM
22.2	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
- F - F - F - F - F - F - F - F - F - F	Georgia USA. WIDOWED DIVOKED XI H. H. CO.	Md
after death 8. Give Pages I, dong with farm with the states	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
after after dang dang with t	10 HELLA DESIGNACE (MILL I I I I I I I I I I I I I I I I I I	
s after 18. Girls 2 with death	odmission) STATE 136. COUNTY Odmission) STATE 136. SIREET AND NUMBER 136. STATE 137. COUNTY 138. SIREET AND NUMBER 138. SIREET AND NUMBER 139. STATE 130. COUNTY 130. INSUE LIT LIMINGS 130. STATE 130	Ave.
24 haurs in Item 18 r's Office office after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
s C C C C C C C C C C C C C C C C C C C	William McGrimmon Emma	DUFF
	(Yes, no, or unknown) (If yes give war ar doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 27 257-48-7898 ANNIE MAEJOHNSON Bridge	Brich 5t,
Exam Exam	257-48-7898 ANNIE MAEJOHNSON Bridg	eton, New Yersey
d be executed within 24 ad "pending" in pendi in Chief Medical Examiner's transit permit. The pages y event withih 7 manure	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
be executed "pending" in inef Medical ansit permit.	IMMEDIATE CAUSE (o) Remorphism	feetden
sit p	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
d b d b Chie rran	rise to immediate couse (a), (b)	
shauld be e ne ward "per to the Chief t burial-transit	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine be used as a burial-transit permit. Pie pagir remayal, and in any event within Techan	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
s certificate sl e, writing the farwarded to used as a bu emaval, and ii	87511	
te, writifarwan farwan e used remaval	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, In	2D. AUTOPSY?
This certificate, writh be farwal do be used ar remava	WAS PERFORMED?	YES NO
#_ 2 0	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, It	rem 18.)
INER: 1 e certifice should by files. 3 should boation, an	PRIMARY X OR CONTRIBUTING HOUR AM 7-3 1968 auto acceleral Kente Se	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while Not while on the process of the proces	County State
DEPUTY DICAL EXAMINER: cessary, please execute the cert et funeral director. Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 should priar to burial, cremation.	AT WORK AT WORK AT MENTERS AT WORK AND WORK AT WORK AND WORK AND WORK AT WORK AND WORK	_
Xeca Xeca Par far OR:	22a. I certify that I taak charge af the remains described above, held an Autopsy, Inspection A Inquiry	and in my apinion
Se e se e chartende de la bur	death resulted fram: Natural causes 1, Accident , Suicide , Hamicide , Undetermined manner	
please direct direct direct DIREC or ta b	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
ssary, ple funeral di by be ret NERAL D	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED/
DEPUTY DIC.	EXAMINER'S NAME (Type) EXAMINER ADDRESS(Street, city, town, or county)	a ACL
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	236 BURNAY CREMATION 236 DATE 236 NAME OF CEMETERY OF CREMATORY 234 LOCATION (City of Town)	(County) (Stote)
F	Reginoval (specify) July 8, 1968 Rockhill Jacksonville, Tel	Fair Georgia
	24. FUNERAL DIRECTOR Charles 7. 7200 ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	7
VR A15ME (5) 10M REV. 1/68	Hopping Funeral Home ANNApolis, md. NOL - 8 1968 golanda	y Judge
		-/

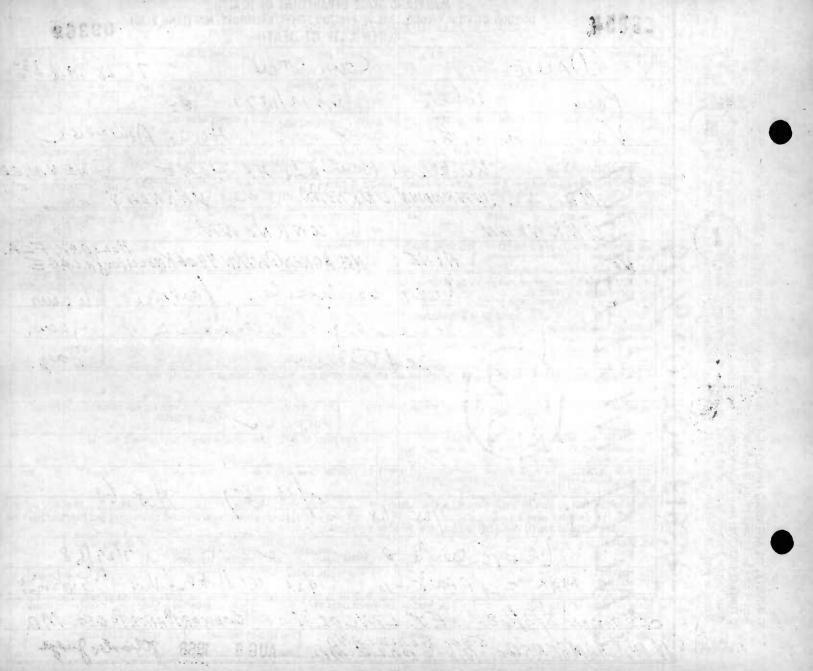


b 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	200
4-00 574-			360
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME (Type or Print) OF ESTI-	Doy Year 2b. HOUR
is ta a ge af	1	(Type or Print) Majetha M Colbejet DEATH MATED 7	28 1968 AM
Pa Pa Pa	3.5	FX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2 Zd. HOUR
ny delay is 2, and 3 ta PM3. Page partment af	7	emale Cal. 9/3/1/9/7 SOYRS. MONTHS DAYS HOURS MIN. Month 7 Doy 7	Year O M
- ~	70.	BIRTHPLACE (Stote or foreign 7b. CITYZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	0 0
Pages 1, ith form		ntry) WIDOWED DIVORCED Chyse Core	indel Md
haurs after death. tem 18. Give Pages 1, Office along with form and 2 with the StateDo	10		12b. KIND OF BUSINESS OR INDUSTRY
g v g	1	Cappous 23C, C. Servace Housew-fe	
hours after death tem 18. Give Pag Office along with 1 and 2 with the State death.		. USUAL RESIDENCY (Where deceosed lived, if institution: Residence before 3c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. STREET AND ST	226.40
haurs Item 1 Office 1 and 2 after of	14.	FATHER'S NAME / First Middle Lost IS NOTHER'S MAIDEN NAME / First Middle	nuce dost
	1)	Vesley Isagen Sarah Tina	lell's
within 24 n pencil in Examiner's file pages 72 haurs		WAS DECEASED EVER INU.S. ARMED FORCES? Yes, no, or unknown) 17 100	Om
be executed within "pencil "pending" in pencil nief Medical Examine ans permit file page event within 72 hau		1 10) Mary Bear 84 Clay St. Un	APPROXIMATE INTERVAL
The steed		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (b). PART 1. DEATH WAS CAUSED BY:	BETWEENTONSET AND DEATH
be execute "pending" ief medical ins permit		IMMEDIATE (AUSE (o) purmoning caused	*/
pend inef		Conditions, if ony, which gove)	turk
Tanga ve /		rise to immediate couse (a) (D)	- Ken
ertificate should be writing the ward "prwarded to the Chief sed as a burial-translaval, and in any eve		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho e v a th o th in		(c)	
ate sa the ed to and and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica tring ardec al, a	N	522×	1911
uis certific te, writin farward e used a remaval,	ATIC	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate should icate, writing the ward be farwarded ta the Cl be used as a burial-tr.	CERTIFICATION	WAS PERFORMED?	YES NO
4		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	m 1B.)
INER: The certific should be files. 3 should bottles.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
3 sharp	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
CAL EXAMINER: execute the certi or. Page 4 shauld of your files. CTOR: Page 3 shau burial, crematian,		WHILE AT WORK AT WORK AT WORK AT WORK	
ICAL E) transport transpor		220. I certify that took charge of the remains described above, held on Autopsy , Inspection Inquiry	, ond in my opinion
ICA ed ed CTC		deoth resulted from: National couses , Accident , Suicide , Homicide , Undetermined monner	
please e l director retained L DIRECT		CHIEF MEDICAL EXAMINER	O ALBERTA
ury, ple neral di be rett priar		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES	IGNED
Ssary, printered by be re		EXAMINER'S DEPUTY MEDICAL EXAMINER 2	2/68
O DEPUTY DICAL E necessary, please exect the funeral director. Pa 5 may be retained far 0 FUNERAL DIRECTOR: Health priar to burial,		NAME (Type) ADDRESS(Street, city, town, or county)	
TO DEPUT necessary the funer 5 may be TO FUNERA Health	230	BURIAL, CREMATION, 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town)	(County) (Stote)
R	1	Smoval specify 8-1-68 Chews Memorial Owers vi	see 14d.
VR A15ME (5)	24	FUNERAL PIRECTOR ADDRESS ADDRESS PARALL 3 0 1868 ACCUSATE TO SEGISTRAR'S S	4. 4.4
1DM REV. 1/68	2	ruciam selse, 1- unta, 1/6, public de mos	00.





1		ID STATE DEPARTMENT OF HEAL	
	DIVISION OF VITAL RECORDS	301 W. RESTON STREET, BALTIMOI	RE, MARYLAND 21201 09362
	ECEASED-NAME First Middle	Lost 20	DATE OF DEATH Month 7 Day 2 & Year 9 /6 3 30
3. S		S. DATE OF BIRTH Sept 12/1879	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In UNDER 24 HRS. MONTHS DAYS HOURS MIN
		B. MARRIED NEVER MARRIED 9. CO	Huno Adurec M
	Millersville give street oddress)		CUPATION (Kind of work done working life even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY HONE MAKE
adm	ission) STATE MD. 13b. COUNTY WIND MAN	13 CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER THE Dockser Dri
	UNKNOWN	UNKNOW	WW Middle HenriettalosGood (niece)
		NO. 17. INFORMANT NRS. A GNESGWINI	N4406KNOLLWOGYLLAGE
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	" vontricular	failure APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH LOUIS
	Conditions, if any, which gave rise to immediate couse (a)	ralife arter	vonlein years
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	Streeme	Day.
N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT N 450	IOT RELATED TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)
RIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year (If either, natify medical examiner) P.M.		re of injury in Part 1 or Part 2, Item 1B.)
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town County State
	22a. I certify that (I) (this hospital) ottended the deceased alive on	19 (ond that in my) (our) opinion	death occurred on the date and haur and from the
	22b. SIGNATURE	ATTENDING ON MED.	or STAFF 22c. DATE SIGNED 8
	22d. PHYSICIAN'S NAME (Type) MAX C FRANK	22e. ADDRESS VIS SE	Riklue Huy - Clan bung
230		CEMETERY OR CREMATORY 23d	L LOCATION (City or Town) (County) (State)
1	REMATION 8/3/68 FT.	LINCOLIV	PLMAK MANOK (R.GED, 11) 1).
	70. cou 10. 130. 14. 160. 14. 160. 160. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	1. DECEASED-NAME (Type or print) 3. SEX 4. RACE 70. BIRTHPLACE (State or foreign country) 10. CITY OR TOWN OF DEATH IN LIST OF WHAT COUNTRY? 110. CITY OR TOWN OF DEATH IN LIST OF WHAT COUNTRY? 111. NAME OF HOSPITAL OR IN Give street address) 112. CUNTY WHAT COUNTRY? 113. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 114. FATHER'S NAME First Middle Last 115. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 116. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 117. IMMEDIATE CAUSE (a) 118. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (c) PART I. DEATH WAS CAUSED BY: 119. LAUSE OF DEATH (Enter only one cause per line for (c), (d), and (c) PART I. DEATH WAS CAUSED BY: 119. LAUSE OF DEATH (Enter only one cause per line for (d), (d), and (c) PART I. DEATH WAS CAUSED BY: 119. LAUSE OF DEATH (Enter only one cause per line for (d), (d), and (c) PART I. DEATH WAS CAUSED BY: 119. LAUSE OF DEATH (Enter only one cause per line for (d), (d), and (c) PART I. DEATH WAS CAUSED BY: 119. LAUSE OF DEATH (Enter only one cause per line for (d), (d), and (c) PART I. DEATH WAS CAUSED BY: 120. CONTRIBUTION (If one couse per line for (d), (d), and (c) PART I. DEATH WAS CAUSED BY: 1210. ACCIDENT WAS UNDERLYING (d), and the couse per line for (d), (d), and (c) PART I. DEATH WAS UNDERLYING (d), and (d), and (d), (d), and (d)	DIVISION OF VITAL RECORDS 30.1 PRESTON STREET, BALTIMOL LAST OF DEATH 1. DECEASED NAME (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 132. CUNTY YES NO 131. NATHER'S NAME (First Middle Lost S. MOTHER'S MAJDEN NAME (First Yes, no, or unknown) 14. FATHER'S NAME (First Middle Lost S. MOTHER'S MAJDEN NAME (First Yes, no, or unknown) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 17. INFORMANT WAS AGNED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), stoling the underlying couse lost (c) stoling which lost (c) stoling the underlying couse lost

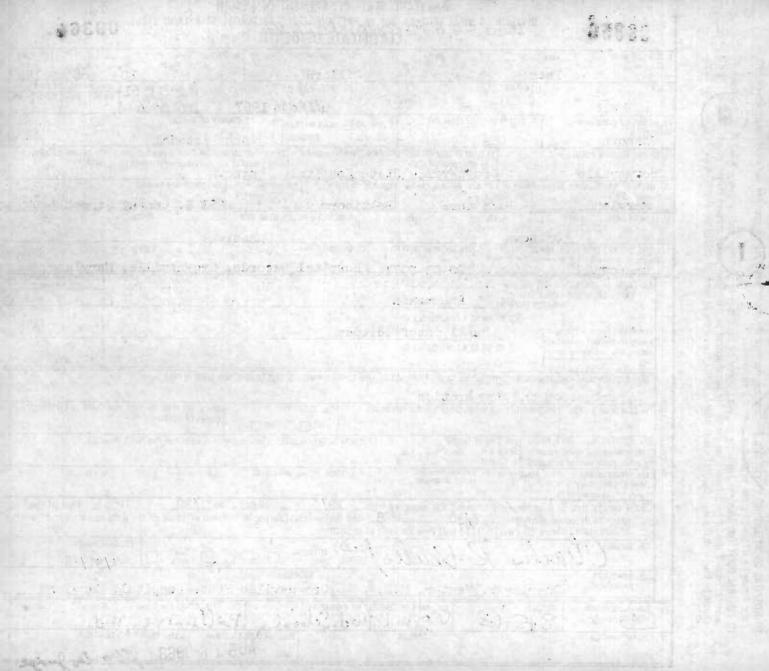


STATE			DIAIZIO				CERTIFICA			AND 21201		1383	13
TH DEPT.	1. 0	ECEASED-NAME	Fir		Mid		Lo		_	2o. DATE KNO	WNIX Month		
0 "	(Type ar Print)	D	RETHA F	AVTATN	1	DALE			OF EST	1		
EA E	3. 5	EX	4. RACE	S. DATE OF		6. AGE (In)		YEAR IF UNDER	24 HRS.	DEATH MAT 2c. DATE PRON		8 196	2d. HOUR
E	I.E.	emale	White			last birthd	yrs. Months D	DAYS HOURS	MIN	Month	Day	Year 1968	
	-	BIRTHPLACE (Stor		76. CITIZEN OF	WHAT COUNTRY?	8.	MARRIED NEVE	D MADDIED [7]	o com	ITY OF DEATH	ept. 7	1900) M
deoth.	cour		o o voi oig.	To. Cirizen or	WINT COUNTRY!	0.	WIDOWED T	DIVORCED			3 - 1		
00		CITY OR TOWN O		giv W	e street address) oods off	Gamb	JIION (If not in hos	spital 12a. U during	SUAL OCC mast of	warking life, e	of work done ven if retired.)	12b. KIND OF B	USINESS OR
C Odeoff.		USUAL RESIDEN dmission) STATI		osed lived, if ins 13b. COUNTY	ritutian: Residence	before 13c.	CITY OR TOWN	13d. INSIDE CITY I		13e. STREET AN	D NUMBER		
	14. 1	ATHER'S NAME	First	Mid	dle	Lost	1S. MOTHER'S	S MAIDEN NAME	First	No. 1	Middle		Last
2 hours		WAS DECEASED E	VER IN U.S. ARMEI vn) (If yes gi	O FORCES? ve war or dates of service	16b. SOCIAL SEC	URITY NO.	17. INFORMANT				ADDRESS		
<u>c</u>		18. CAUSE OF	DEATH (Enter of	only one cause pe	r line for (a), (b),	and (c).)						APPROXIM	ATE INTERVAL ISET AND DEATH
within 72		PART I. I	DEATH WAS CALL	FD BY-			ned due	to advan	head	decomp	osition	BEIWIEN ON	SET AND DEATH
2 +	100	796	/ IMPORT		OR AS A CONSEQUE		ued due	LU agvai	CCC	decomp	OSTETON		
burial-fronsit pe I in any event			any, which gave									17796	
'n	m		diate couse (a), nderlying couse		OR AS A CONSEQU	ENCE OF							D. T. C.
in any		lost.	7.3	10									
/	z	PART 2. OTHER 7 9 5 5	SIGNIFICANT COM	IDITIONS CONTRIB	UTING TO DEATH E	BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN PAR	T 1(o)		
5 ,	CERTIFICATION	190. DATE OF (PERATION		19b. CONDITION		OPERATION	6				20. AUTO	PSY?
1	III.				WAS PERF	OKMED?						YES	NO 🗀
	MEDICAL CER	CAUSE OF DEAT	R CONTRIBUTING TH	HOUR	P.M. ?	19		RY OCCURRED (En		اسطا			
	W	21d. INJURY OC WHILE AT WORK	OT WHILE AT WORK	factory, affice build	0, ,			Street ar R.F.D. Na.		City ar Tav	wn	County	State
				No ural co		escribed a ccident	bave, held on], Suicide	, Hamicid	e 🔲,		Inquiry [ined monner		my apiniar
2		ACTUAL	PM	M	5			CHIEF MEDICAL ASSISTANT MEDI			22b. DAT	ESIGNED	
-		SIGNATURE	000	-U	1		M.D.	DEPUTY MEDICA				10, 196	5.8
2		NAME (Type)		1		ASC		ADDRESS(Street,			sept.	10, 190	10
	230		TION 3 23	ard F. W	ilson, M	ME OF CEME	TERY OR CREMATO			LOCATION (City	or Town)	(County)	(State)
		BURIAL CREMA REMOVAL (Spec	l I	0113/68	V. 0	· Wed.	Med. Sal	hool	13	rollin	one 7	hd.	(Sidie)
	24.	FUNERAL DIRECT	UK		ted to	ADDRESS		2So. REC'E		2 1968	Sb. REGISTRAR'S		U Selection
1								DATE	01 10	n 1000	xue	may Ju	194

\				MAKILAND 31.					
- 1		09355	DIVISION OF VITAL				E, MARYLAND 21201	09363	
		40204	~		IFICATE OF		· ·	//	
		CEASED-NAME First ype or print) CHARLES N	. DAVIS	Middle	N Dar	15 SP 20.	DATE OF DEATH NONTH 23 Do	14 68 Year 25. H	OUR M
	3. SE	X Male	4. RACE Whit	е	S. DATE OF BIF	2, 1924	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	HRS.
	7a. l	BIRTHPLACE (State or foreign try) Maryland	7b. CITIZEN OF WHAT COU USA	ITIPA	RRIED NEVER MARK	KIEU	nne Arundel		Md
50		ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL OR INSTITUTION dress)	N (If not in hospital	during most of w	JPATION (Kind af wark dane vorking life, even if retired.)	12b. KIND OF BUSINESS OF INDUSTRY Buildings	DR R
02		USUAL RESIDENCE (Where deceased ssion) STATMaryland		idence befare 13c. C	ITY OR TOWN	YES NO	13e. STREET AND NUMBER 5 Sampson F		
1	14. [ATHER'S NAME First Darcy	Middle E • D	Lost	1S. MOTHER'S MA	IDEN NAME First Maude	Middle	McAlliste	er
	160. y	WAS DECEASED EVER IN U.S. ARME		CIAL SECURITY NO.	17. INFORMANT LeCompte		Service recor		
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per log for (o	(b), and (c).)	a to he	was a	:Odket	APPROXIMATE INTERVA BETWEEN ONSET AND DE	KL ATH
		4109 (Conditions, if any, which gove)		ISEQUENCE OF	CVD +	Distriction of	1 6 0	Upo. a	2-
		rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CO		hid a	yperchi	o vesterace-	years	
		PART 2. OTHER SIGNIFICANT CONB	ortions contributing to	DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE OR CONDITION	ON GIVEN IN PART I(a)	1	
	×	Hodale	cute me	10casde	al broke	retion	1 year o	150	
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPE	RATION WAS PERFORME	D 200. AUTOF	PSY?	20b. ICES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Mont	h Day Year	21c. HOW INJURY OCC	URRED (Enter nature	of injury in Port 1 or Port 2,	Item 18.)	
	ME				21f. LOCATION Street	t ar R.F.D. No.	City ar Tawn	Caunty Ste	ate
		220. I certify that (I) (this saw the deceased ali- dayses stated above,	ve an //ol) 1900	and that in (my	, 19 <u>0 8</u> , y) (our) o pinion c	ta	ote ond hour and from) las m the
		22b. SIGNATURE	erkou	0	DEGREE ATTENDIN PHYS.	G MED.	STAFF DE	DATE STENED /68	7
1		22d. PHÝSICIAN'S NAME (Type)			22e. ADDF	RESS			
)	230.	BURIAL, CREMATION, 23b. DA	ATE 7 25, 1968	Dorcheste	ry or crematory r Memoria)	LOCATION (City or Town) Cambridge, M	(Caunty) (State)	
1		FUNERAL DIRECTOR Compte Funeral	Service, C	ADDRESS ambridge,		2Sa. REC'D BY REGIS		S SIGNATURE	
	-								_

CTATE DEDADTRE

60000	TO THE OF SECURITY AND ADDRESS OF THE PARTY		The state of the s
6/4 - RV		Law a stud	
		of this	m.Eris
	Asian A south		busiyak "
except left	had and magn. ec	all non-mark &	Anewoolis
MALES	notolia I I i il i	A Liberty Smile	basicust
to HILLION	0.17.	E. Davin	3 - 1 - 1
	Delto a Imprel Service voca	1.2	e. 57
	STATE OF THE STATE		
F 1427/2			
Ů.			
	Tal The August of the Section of the		
and the property	Logich Sall Arts Labranist de	25, 1969 Joseph	Dit Dityol.



8	1					DEPARIMEN					
		09357	DIVISIO	N OF VITAL RECORDS,		ATE OF DE		RE, MARYLA	AND 21201	09365	5
= -2=		ECEASED-NAME First		Middle		Last	2a.	DATE OF DEAT			2b. HOUR
funekal 1 and 1	((ype or print)	1	JOSHUA		DISNEY		ור.	Month Day	1968	M
fun 1 er c	3. SI	X	4. RACE			S. DATE OF BIRTH		6. A	AGE (In years		F UNDER 24 HRS.
nours after 1 by the fui 5. Pages 1 haurs after		Male		White			29,188		Bothday) yrs.	MONTHS OAYS	HOURS MIN.
by by		BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED [NEVER MARRIED	9. CO	UNTY OF DEA	TH		
24 ho geers. n72 h		Maryland	U.S.		WIDOWED	X DIVORCED	A A	nne Ar			Md.
within 24 hours after dea within 24 hours after dea hopers. Pages I and within 72 hours after dea	0	TITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street address)	olis F	d.		MARIANA	THE'T'	12b. KIND OF BI	R.R.
p do ti	13a.	USUAL RESIDENCE (Where decease	ed lived, if i	institution: Residence before	13c. CITY OR	TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET	AND NUMBER		
campl campl nove ny even	adm	ission) STATE	13b COL	ne Arundel	Ddent	on YE	S NOX	#141	1 Annapa	olis Rd	
exec emo any	14.	ATHER'S NAME First		ddle Last	15	MOTHER'S MAIDE	N NAME First		Middle		Lost
that the death certificate be execut an. by the attending physician and cam transit permit. Then please remove cremation, ar remaval, and in any ev		Nicholas		M. Disne			Rachael		L.	(unkno	
riar ciar eas	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY		FORMANT		Town In	Address		
fico al,	١	es, na, ar unknawn) (If yes give v	var or dates of ser	717-07-62	I.I. MT	e Mary	Abmut	nueh)v	hter) S	ame ae	#2
ph ph nav	-					S. Hely	Alling	1 0800	110017 0	APPROXIMA	TE INTERVAL
he death ce attending permit. The		 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 	ly one couse	per line for (o), (b), and (c)	1) 1	+	No-	4 M		- 17	ET AND OEATH
eat mit. ar.			ATE CAUSE (a	1 Charle	Lon	gestu	z Nea	1 20	alling	244	10.
ath oerr		402 X	DUE TO	O, OR AS A CONSEQUENCE OF	٨	/					
atite		Canditions, if ony, which gave	/	W Hulis	terra	In				3 14	12-
hat n. yy t ans em		rise to immediate couse (a), stating the underlying couse(DUE TO	O, OR AS A CONSEQUENCE OF		7	17.17.1	Carried III		1	
equires that the physician. signed by the burial-transit p		lost.	(0						U	
hys gane uric		PART 2. OTHER SIGNIFICANT COI	NDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DI	ISEASE OR CONDIT	ION GIVEN IN	PART I(a)	*	
ICIAN: The law requires pital or attending physici rificate has been signed of far use as the burial-tof Health priar ta burial,	2	443X	443 X								
ndii bee	100	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS C							CONSIDERED IN CERTIFYING		
IAN: The law rad or attending ficate has been far use as the Health priar ta	CERTIFICATION					YES	NO 🖂	CAUSES OF I	DEATH?		
or te l	CERI	21o. ACCIDENT WAS UNDERLYIN	IG 21b. 1	TIME OF INJURY	21c. HO	W INJURY OCCURR	RED (Enter notu	re of injury in	Port 1 or Port 2, 1	tem 18.)	
fica far	3	OR CONTRIBUTING CAUSE OF OEA	HOUR	R A.M. Manth Day Year			TED (EIIIO) HOLD			,	
SSIC spiliced in the spiliced	MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		P.M. 1	9 CTORY 1 015 10	CATION Charles	DED No	Ch Y.		C	State
Page 4 may be retained by the haspital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician and cample director, page 3 shauld be detached far use as the burial-transit permit. Then please remove fail should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event		While Not while at work	PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211. 10	CATION Street of	r K.F.D. No.	City or To	own	Caunty	State
er t		220. I certify that (I) (th	ie haenita	I) attended the deceas	ed from X	Vu /	19/21	to ruce	4 11- 19/	X , that (I) (we) last
Aft Aft St. St.		saw the deceased a	live an	My H	19 and	that in (my) (rred on the do	te and hour a	nd from the
ATTENDING etained by the CTOR: After is should be dith the State		causes stoted obove	e, (I) (we)	(did) (did not) view the	body after a	eoth.	/	11	/	//	
A de		22b. SIGNATURE	0/10	2001	M.L	ATTENDING	, /urn		22c. I	DATE SIGNED	1
OR The red w	Н	Mar	NeR	Shiller	DEGR		MED. DIRECTO	OR PH	AFF IYS.	115/8	80
AL DOG		22d. PHYSICIAN'S	5		1/2	22e. ADDRESS	5		11,2	1-1	
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	L.	NAME (Type)	Dan	rage, 111	W		Ow	10-62	- Wia	\'	
O HOSPII Page 4 m S FUNER director,	230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d	. LOCATION (Ci	ity ar Tawn)	(County)	(Stote)
Pagin Signal	0	REMOVAL (Specify)	lv 8.	1968 Nicho	as-Re	thel Cen	neterv	Odento	n, Mary	land	
NA .	24.	FUNERAL DIRECTOR	Ly Us	ADDRESS			a. REC'D BY REG	ISTRAR	2Sh REGISTRAR'S	SIGNATURE	
VR A15 11 V		ingleton Fune	201 11	lome Cles D	urnie		14L - 8	1968	geliarle	of mage	
		THOTS COUL LAUS	TOT U	Ouis OTELL DI	GTITTE	1164 P	The last		4		

Bael 'a	yfu6		SE SE		AUNEDS		DELC NO	
	PER H				n.:	inu:		, Jan
	Islandi) a	1111						bre Light 4
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	mmissage			ntiq.	Enno 11			esse, e.,
by white	emis Flair			141.7	Takinka	anni		BOSAVESK.
policy.		Lauric				***		onoty
	(get na p							
	. ,		11.					
\								
	极地的						50.1	
			100					

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	66
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day (Type ar Print) OF ESTI-	Year 2b. HOUR
deloy is and 3 to M3. Page thent of	LESITE V. DIXON DEATH MATED 7 13	1968 9:10
deloy is and 3 to 3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yoors IF UNDER 14 HRS 15 UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Months	2d. HOUR
	Male White 6-17-34 St birthday) MONTHS DAYS HOURS MIN. Month Day	Year 19 68 9 10
4 1 1	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	Gountry) D.C. USA WIDOWED □ DIVORCED ☑ Anne Arundel	Md
ve Pages y with for the State	10. CITY OR, TOWN, OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital give street address) 120. USUAL OCCUPATION (Kind of work dane during grast of working life, even if retired.) INDI	KIND OF BUSINESS OR
24 hours ofter death in the State Death is office along with form is long? with the State Death is after death.	Annapolis Anne Arundel General Salesman	USTRYAuto
s ofter 18. Given along with 18. With 19. With 1	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY PG	
5 - S	Hvottsville 5233 Kenilw	orth Ave.
24 hours 15 Office 15 Offi	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Ruth Young	Last
		17
d within 24 in pencil the Examinar's File pages n 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Upper 17. INFORMANT Harry T. Dixon Jr. 10804 Tyrone D	Mariboro, r., Md.
should be executed with a word "pending" in pertonential for the Chief Medical Example buriol-transit permit. File In any event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical Eansit permit. Fevent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Craniocerebral injuries	
exe endi Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
hief ansi	(anditions, if any, which gave) rise to immediate cause (a).	
ould vord ne Ch ol-tro any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate sho g the w ed to th s a buris and in	lost. (c)	
ficate ing the ded to as a as a I, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate, writing should be forword files. 3 should be used as a should be used as a should be used as a should be used.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	20. AUTOPSY?
AL EXAMINER: This execute the certificate, or. Page 4 should be for your files. TOR: Page 3 should be urial, cremation, or renural.	THE TENORITE STATE OF THE STATE	YES NO
#_ 9 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY XXOR CONTRIBUTING HOUR XXX	8.)
IINER: ne certifi should l files. 3 should nation, o	CAUSE OF DEATH 7.50 P.M. 7 139 60 Driver, ran off road, overturned	
MIN the		aunty State
VICAL EXAMINER: se execute the certification. Page 4 should ned for your files. ECTOR: Page 3 should build, cremation,	WHILE AT WORK AT WORK Street Ty. 258 N. of Rt. 2 A.A.	Md.
DEPUTY CICAL E	22a. I certify that I toak charge of the remains described abave, held an Autapsy 💢 Inspection 🔲, Inquiry 🗍,	and in my apinian
EPUTY SICA issory, please e: funerol director ay be retained INERAL DIRECT	death resulted fram: Natural causes , Accident XX, Suicide , Homicide , Undetermined manner	
please I director retained L DIREC	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL OF THE SICK	
y, ple erol dii be retc RAL Di prior	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGN	
fun fun day I in the last of t	ADDREC(Street city town or county)	11y 14, 1968
necessory, the funcro 5 may be TO FUNERAL Heelth pri	Ronald N. Kornblum, M.D.	unty) (State)
=	REMOVAL Society 7-17-68 Cedar Hill Cemetery Suitland, Marylan	
X	24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
VR A15ME (5)	4308 Suitland, Rd. SE, Suitland, Maryland DAVUL 19 1968 Clearles	
10M REV. 1/68		1



Vacco opening and property	AND TO DESCRIPT		* 6'32'
1 Dag1 ,95 1960 1			HAIMA
1877 90 s	, 00 , 10)	artev	wite.
Adelauri enni		.1.2.1	a Prident
Cabinet Makes d Design			ante nun
Trze Class Aven			
A month 855%	3.00	marmos IX	
. El aumbaca - Journa est L. J	davings -	7222 S2 612	07
	*		
88\fc\9		11/2/2017	
Migit was event, and the	de en recepti	heroas SC	No Latrue
2 2 1888 March 1976			

			MAKTLAND STATE DEPARTMENT OF HEALTH	
10			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	09368
10			CERTIFICATE OF DEATH	03309
	- 2 -	1, 0	DECEASED-NAME First Middle Jost (20. DATE OF DEATH	2b. HOUR
	death.		Type or print)	
	p p	3. 5	Constant of the	IF UNDER 1 YEAR IF UNDER 24 HRS.
	# de de	3. 3	A. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday)	MONTHS CAYS HOURS MIN,
	S. S	-	/ Wisel 5, 1887 179 · YRS.	
	haurs after death by the foreral s. Pages 1 and 2 hours after death		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	FICH	tuc	Sevelen : C.S. A. WIDOWED DIVORCED /-	Md.
	hin y	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	京の	2	during most of working life, even if retired.)	Stateon
	d v arb		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	D 2
	mp mp	odn	nission) STATE MEX 13b. COUNTY GG GENERAL YES NO W (2)	Dund.
	xec na ny	1 14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
	and rer	1		
	e death certificate be executed yearling physician and cample permit. Then please remave carb an, ar remaval, and in any event,	160	1. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	icat Sici ple , a	100	Yes, no, or unknown) (If yes give war or dates of service)	
	phy en ava	-	185, no, of unknown) (11 yes give wall of unless of service) TAMILY Bam	APPROXIMATE INTERVAL
	en The	45	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	attendi permit. ian, ar r		MARI I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PARI I. DEATH WAS CAUSED BY: URLINER.	A A STATE OF THE STATE OF
	atte	-	185 X DUE TO, OR AS A CONSEQUENCE OF	
	t the sit p	317	Conditions, if ony, which gave)	
	hat n. yy t ans		rise to immediate couse (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and cample, as 3 should be detached for use as the burial-transit permit. Then please remove carled with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event,		lost. (1) Servous of	
	uire bys gne uria uria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)	
	g p g p g p a bi		177 x	
	din din th ar t	NO NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	he haspital ar attending this certificate has been letached far use as the Bopt. af Health priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?	CONSIDERED IN CERTIFICIA
	e h use use	ERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2,	IA 10 \
	al al contribution	SI		item 18.)
	Sici spit spit ed ed af	Ö	tit eitner, natity medicol exominer) F.m. 19	
	PHYSICIAN: e haspital at his certificate stached far to Dept. af Hea	2	21d. INJURY OCCURRED While Not while	Caunty State
	the det		of wark of wark TCRC C	
	ATTENDING stained by 1t CTOR: After 1 shauld be d ith the State		22a. I certify that (I) (this haspital) attended the deceased fram / 960, 19, ta / 700, 19), that (I) (we) last
194	N. A ded		saw the deceased alive an	ate and haur and from the
	ain an			DATE CIONED
	ret ret will will will will will will will wil		The state of the s	DATE SIGNED
	Die be		DIRECTOR PHYS.	4/68
	TAI AL Pa		22d. PHYSICIAN'S NAME (Type) RELIGION RESTORMENT REPORTS SCORES	ANKIA
	O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspitt of FUNERAL DIRECTOR: After this certift director, page 3 shauld be detached should be filed with the State Dept. af	-	1000	UC U ZUG
	Page of Fun	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (Stote)
	2 2 2 3	7	bearing 1014) to year section, Dan 1000) 11	england
	VR A15 (4) 30M REV. 1/68			S SIGNATURE
	30M REV. 1/68	56	Everne Park June Start S. Banases, and DAIE 15 1968 Clearly	& Judge

eased Dayley of the Control of the C				
To the view of the second	Manufat			
. 25. 1888, 25.		301100 ·		•
y Labanas and The			.55, 850	LU Las
y - et x e a mill Self t Sanze - St. ty e	on C.Th. car	not-section		
Seattle of the Seattl	anuso Isla	ra anna 191	dict. 12'-0	D. A.F.
1. (1. (1.) = 3.17		elular.	Show E	
C. reletey. Rt. J. Box 901 Asgot	STILL S	176-39-75		
				-2015
		de salar		
			and sea his win	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEAVEN DEPT. First Middle 20. DATE KNOWN 1. DECEASED-NAME Month 2b. HOUR Day (Type or Print) MELVINA OF ESTI-DEATH MATED July 19, 1682:55 A C FISHER delay and 3 IF LINDER 1 YEAR 6. AGE (In years JE LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOURA 3 SFX 4. RACE S DATE OF BIRTH pup August 19,1939 19. Year Ma le White July. 19 68 2:55M 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Office glang with form Anne Atundel WIDOWED [DIVORCED [U.S. Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast of working life, even if retired. INDUSTRY

Exployee—Balto Co School Board give street oddress)
North Arundel Hospital Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 13h COUNTY 122 Sanford Ave 21228 Baltimore YES NO ond 2 v 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME W. Fisher Georgia Baumes George = 160. WAS DEPEASED EVER IN.U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes, w, ar unknown) (If yes give war or dates of service) George W. Fisher 122 Sahford Ave-21228 218 36 4547 certificate should be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I, DEATH WAS CAUSED BY: the Chief Medica Drowning IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = shauld be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES 🔀 NO [pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should Subject dove off boat PRIMARY OR CONTRIBUTING buriol, cremation, 19 68 CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State factory, office building, etc.)
Water moy be retained for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Anne Arundel M.D. 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted fram: Natural causes . Accident & Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER July 19, 1968 DEPUTY MEDICAL EXAMINER TO FUN Heolth Ronald N. Kornblum, M.D. **EXAMINER'S** ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 7-22-1968 Howard County -- Maryland. St. John's 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21228 301 rederick Rd. DAJUL 2 2 1968

Street, et danach and in the Law Land treat Zeeth et etternerelent SECRET PROPERTY OF THE PROPERT energy Control Property Control star - ava browner Edd mon II . W server | Cat As are the Least - County - The reduction list. A little of the list o

Mele To. SITHIPLACE (Stole or foreign country) Md TUSA	1. DECEASED-NAME (Type or print) William	B Fogler Middle	Last	2a. DATE OF DEATH July Month	1968 2b. HOUR	
Country Md	Male	White		6. AGE (In years last birthday) 56 YRS.		
Glen Burnie Glen Burnie Give street oddress) Glen Burnie Gren B	cauntry) Md	USA	WIDOWED DIVORCED	9. COUNTY OF DEATH AA CO	Md.	
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before and institution: Residence an	Glen Burnie	give street address) No Arundel	Gen Hosp	JAL OCCUPATION (Kind of work done nost af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
Total Mass Deerst	13a. USUAL RESIDENCE (Where deceased admission) STATE Md	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY			
Temply Same Temply Same Temply Same Temply Same Temply	Robert	B Fogler	Sarah	First Middle	Lost	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candifions, if only, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING OR COMERBURNED AUSE OF DEATH (II) either, notify medical examine) P.M. 21a. AUGUSTO OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. AUGUSTO OR DEATH P.M. 21b. TIME OF INJURY P.M. 19 21c. HOW INJURY OCCURRED While OR COMERBURNED AUSE OF DEATH Work and work While OR COMERBURNED AUSE OF DEATH P.M. 21d. INJURY OCCURRED While OR COMERBURNED AUSE OF DEATH OR FOR COMERBURNED 21d. INJURY OCCURRED While OR COMERBURNED 21d. HOW INJURY OCCURRED While OR COMERBURNED 21d. INJURY OCCURRED While OR CAUSES OF DEATH P.M. 21d. INJURY OCCURRED While OR CAUSES OF DEATH P.M. 21d. INJURY OCCURRED While OR CAUSES OF DEATH P.M. 21d. INJURY OCCURRED While OR CAUSES OF DEATH P.M. 21d. INJURY OCCURRED While OR CAUSES OF DEATH P.M. 21d. INJURY OCCURRED OR OR OWN INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 19 21c. HOW INJURY OCCURRED While OR OR OWN INJURY OCCURRED While OR OR OWN INJURY OCCURRED While OR OR OWN INJURY OCCURRED WHILE OR OR OR OWN INJURY 21d. INJURY OCCURRED OR OR OWN INJURY 21d. INJURY OCCURRED OR OR OWN INJURY OR OR OWN INJURY OR OR OWN INJURY OR OR OR OWN INJURY OR OR OR OR OWN INJURY OR OR OR OWN INJURY OR OR OR OR OR OR AND OR OR OR OR OR AND OR OR OR	16a. WAS DECEASED EVER IN U.S. ARMEI Yes, ar unknawn) (If yes give war			Address Same		
Stating the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. AUTOPSY? 11a. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. COURSED IN CERTIFYING CAUSES OF DEATH? 11a. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. CAUSES OF DEATH? 11b. HOUR A.M. Month Doy Yeor 19b. Month 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 19b. Month 19b. CONDITION FOR WHICH OPERATION STREET FACTORY, 19b. Month 19b. Mon	PART I. DEATH WAS CAUSED I IMMEDIATE	one couse per line for (a), (b), and (c).) BY: E CAUSE (a)	very Monlos	ej .	BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, natify medical examiner) While Not while Not while they not while at work at work at work at work at work at work. 22a. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (aur) opinion death accurred an the date and hour and from a causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAAY NAME (New) - BRADY SMITH 23c. NAME (New) - BRADY SMITH 23c. NAME (New) - BRADY SMITH 23d. DIRECTOR PHYS. 23d. LOCATION Sity or Town County State ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED 22d. DA	Canditions, if ony, which gave a rise to immediate cause (o), stating the underlying couse		my plerores		149.	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRFET, FACTORY, OFFICE BUILDING, ETC. P.M. 19 22d. Vertify that (I) (this hospitol) attended the deceased from A.M. 19 28 10 214. 19 28 10 10 10 10 10 10 10 1	PART 2. OTHER SIGNIFICANT CONDI	(c) ITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STRFET, FACTORY. OFFICE BUILDING, ETC. 22a. Certify that () (this hospitol) attended the deceased from A 1965 to 7/24 1966 thorough 1965 and that in (my) (aur) opinion death accurred an the date and hour and from to couses stated above, () (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING DIRECTOR PHYS. 22c. DATE SIGNED	19a. DATE OF OPERATION 19b. CO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?				
While Nat while at work 22a. I certify that (I) (this hospitol) attended the deceased from AA, 1968, to 7/24, 1968, that (I) (we) I saw the deceased alive on 1968, and that in (my) (aur) opinion death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN 22d. PHYSICIAN 22e. ADDRESS NAME (Type) - BRADY SMITH 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. DATE 27/29/68	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Doy Yeor P.M. 19		27 11	item 1B.)	
22b. SIGNATURE 22b. SIGNATURE DEGREE ATTENDING DIRECTOR	While Nat while at wark at work					
22d. PHYSICIANS NAME (156) - BRADY SMITH 23o. BURIAL (REMATION, REMBALISTEE) 7/29/68 23c. NAME OF GEMETERY OR CREMATORY CLOSE CONTROL (150) OF GEMETERY OR CREMATORY CONTROL	22a. I certify that (I) (this saw the deceased aliv couses stated above,	hospitol) attended the decease ve on	od from, 1929 9 25, and that in (my) (aur) op body after death.	inion death accurred an the da	te ond hour ond from the	
NAME (RASE) — - 15 RADY SM 1TH RIVIEND BEACH, MD. 230. BURIAL, CREMATION, REMBYAL Specify 7/29/68 23c Chame of Cemetery or Crematory Clen Haven Cem 23d Chocation (city or Town) (Aunthor Mole)	9. Ba	redy Smith		MED. STAFF 22c.	7/20/68	
	NAME (Type) J. BA		RIVIEN		7.	
24. FUNERAL DIRECTOR	230. BURIAL (REMAITON, REMOVAL (See 1) 7/2 24. FUNERAL DIRECTOR	9/68 Zic NAME OF CIEN				

TERO ELIMINATE DE LIMITE DE LA CONTRACTION DEL CONTRACTION DE LA C						70 6.		
) (1:	Y f it ,			relegal B maillis			
	reprint As	eron, nr	0.5	otio			0.[0]	
	00	14.4	A Ship		ASU.			
		To .	מא ומכבי	forms o			iti aali	
			2170.3	0		*		
		ific	THE	relie		,	fair	
	9 *	yll	AT THE				0	
			1					
0.	akeni sal		no 2 move	nei0		, ' ,		
						1		

"oras to fold the rate of the second of the STEEL AND STATE OF THE STATE OF .0.574 000. etc. o indre giantinion on the first then show to the the series of the series of the decrees of The state of the s

Leci (2)	7.10				No.	
						54431
	Jack and an		X X	kir.		pro 178 cm
						2 U - 2 J
diarly	# 1 1 1 1 T) 	artigue vol.	S JEDANIE	styllm	
				AUJOH TU EN EU ALE		
A.		<i>j.</i>				
		<i>i</i>				

Sale I vilate to the second contract to the s The state of the s continue a lawer Isaura sena a multiplier of the Allbert Con Caroll and Hard School Section . easificate the Late of the All Study of the second state of the Abdilinica nieds Callanda david The second substitution of the second substituti . bi . witocomm . . wi resolts. id. The sales of the s THE TENT OF SOME OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET - Secretary 1998 to the second of the second

多	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09375. CERTIFICATE OF DEATH
3	death.		DECEASED-NAME (Type or print) Teresa M. Middle France 20. DATE OF DEATH Month 10 Doy 68 Year 4: 05A
	all segment of the se		SEX Female S. DATE OF BIRTH 6. AGE (In years lef under 24 Hrs. White Left aday) Months DAYS HOURS MIN.
	in by		o. BIRTHPLACE (Stote or foreign ounfMaryland
	ceuted within 2 completely filler fave carban*pal y event, within	4	O. CITY OR TOWN OF DEATH Glen Burnie II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pring most of working life, even if retired.) II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pring most of working life, even if retired.) II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pring most of working life, even if retired.) II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pring most of working life, even if retired.) III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pring most of working life, even if retired.)
	completed ave car	0	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) as with land 13b. COUNTYA.A.Co. Ferndale 13d. INSURE CITY LIMITS? VES 2 NO 13b. COUNTYA.A.Co.
	be exe		4. FATHER'S NAME First John Sparzak 15. MOTHER'S MAIDEN NAME First Eleanore Middle Michamalski
	ertificate b physician en please oval, and i		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 10 11 11 11 11 11 11 11 11 1
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached far use as the burial-transit permit. Then please remave carban papers with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 2 hours		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	YSICIAN: The lay aspital ar attend certificate has be hed far use as the far use far use as the definition of the attendation and the attendation are as the attendation of the attendat	2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO (AUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Yeor 19b. (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creas	1	While Not while at wark Not while at wark Not wile at wark Not work N
	Page 4 O FUNI directo)	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL Peril Jaly 13, 1968 Glen Haven Memorial Park, Glen Burnie, Md.
	VR AIL (1) 30M REV. 11 APE	N	Single tooks Funeral Homeso. Recistrar 25b. Registrar's Signature Glen Burnie, Maryland Date JUL 11 1968 Clearles Juge

ALSED AND AND ALL	TO SEE STANFA		2 g 1 g 2 h
		•	Marrey, Marrey
	U2-15-1		
	38 11 15 PM		
. and the second			
. var haz Ejni VI	- Containing		
eleanued surects		MestaleE	
		25 (11 512) 777	
		1. 313	
egg, the Edgers, Red	i de la companya de l		SER MALE IN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09376 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR death ghd (Type or print) TONY ALAN . GABRIEL ours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNCER 24 HRS. last birthday) MONTHS HOURS MALE CAUCASIAN 8 JULY 1968 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X country) ANNE ARUNDEL U.S.A. DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done and in any event, within 12b. KIND OF BUSINESS OR givestreet address IMBROUGH ARMY HOSP during most of warking life, even if retired.) INDUSTRY FT. GEORGE G. MEADE newborn 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY OLD DORSEY ROAD, APT #6 HARMANS 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle DOUGLAS RIITH GABRIET. LINDA COLLINS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, of unknown) (If yes give war or dates of service) crematian, ar remaval, DOUGLAS GABRIEL, OLD DORSEY RD. APT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) . RESPIRATORY DISTRESS SYNDROME Shrs. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit PREMATURITY rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause INFANT OF DIABETIC MOTHER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NONE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO XX director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month, Day Year P.M. If either, natify medical examiner) 3 shauld be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1:30P 8 JULY 19 68, ta 8:05P 8 JULY 68, that (I) (we) last saw the deceased alive on 8:05P M. 8JULY 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF 9 JULY 1968 DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) HERBERT M SOLOMAN, MAJ, MC. KIMBROUGH ARMY HOSP, FT MEADE, MARYLAND 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (State) 10 July 1968 Carl Baptist Cemetery Carl Ga. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Singleton Funeral Home/Glen Burnie, Md. Ochanles In 30M REV. 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH



24 FUNERAL DIRECTOR

\$ 1240 HO HERE SHIPE THE RESERVE Culminales according (Thousand) Humaly fathierelessin. Africa 4-72 1898, 6 8 70 "

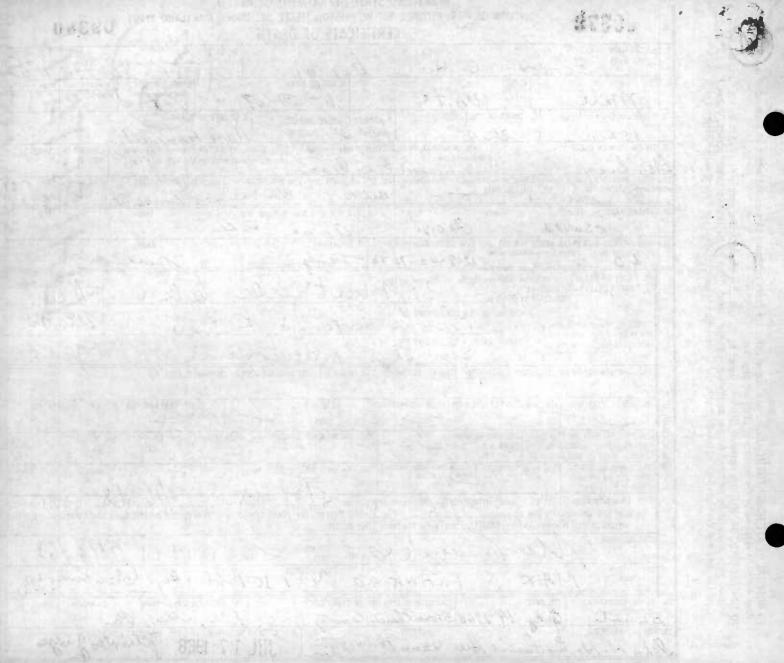
(N M)	MARYLAND STATE DEPARTMENT OF HEALTH
(AVI)1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09378
	CERTIFICATE OF DEATH
eral ond 2 leath.	1. DECEASED-NAME (Type or print) (Type or prin
within 24 hours after death by filled in by the funeral bon popers. Poges 1 and 2 within 72 hours after death	3. SEX 4. RACE SLOPE S. DATE OF BIRTH 12-23-1899 6. AGE (In yeors lost thickey) YRS. MONTHS DAYS HOURS MIN YRS.
in by ers. Po	76. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED VIOLENTY 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
rithin 24 filled on pop within 7	10. CONTROL TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working the weap of regitired.) 12b. KIND OF BUSINESS OR INDUSTRY
we cork	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before deceosed lived, if institution: Residence before light of TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY LIMITS?
ond co	14. BATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
ificote l iysician please al, ond	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. AMFORMANT 18-12-915-0A Umua Salloway Salloway
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compute by filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corpon papers. Pages 1 and 2 should be detached for use as the buriol, cremation, or removal, and in any event, within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave If the product of the cause (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave The product of the cause (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave The product of the cause (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave The product of the cause (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave
ires tha ysician. ned by riol-tron iol, cren	stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)
The low requires the attending physician. has been signed by se as the buriol-tro. The prior to buriol, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 177 X 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The lo attend attend has be sse as the prior	YES NO CAUSES OF DEATH?
ICIAN: pital or rrificote of for v	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19
PHYS the hos this ce detoche e Dept.	While Not while at wark at wark
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or 5 FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for ushould be filed with the Stote Dept. of Heal	22a. I certify that (I) (this haspital) attended the deceased fram 45 , 19 , to 19 , that (I) (we) last saw the deceased alive an 1/2 (19 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.
OR AT be reta DIRECT pe 3 sh ed with	22b. SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED 7-16-68
TO HOSPITAL Page 4 moy for FUNERAL I director, page should be fill	22d. PHYSICIAN'S NAME (Type) ST 14 LIEY 22e. ADDRESS Calbudry
TO HO Page direct	230. BURIAL CREMATION, 23b. DATE 23c NAME/OF CEMETERY OR CREMATORY 23d to CATION (City or Town) (county) States
VR A15 (4) 30M REV. 1/68	24, FLINERAL DIRECTOR BULLET GODRESS 256. PEGESTRAD

NYESS Comment / hastily work spread to make Hansen to the sale of the sale THE PART OF THE PA

MAKTLAND STATE DEPAKTMENT OF HEALTH

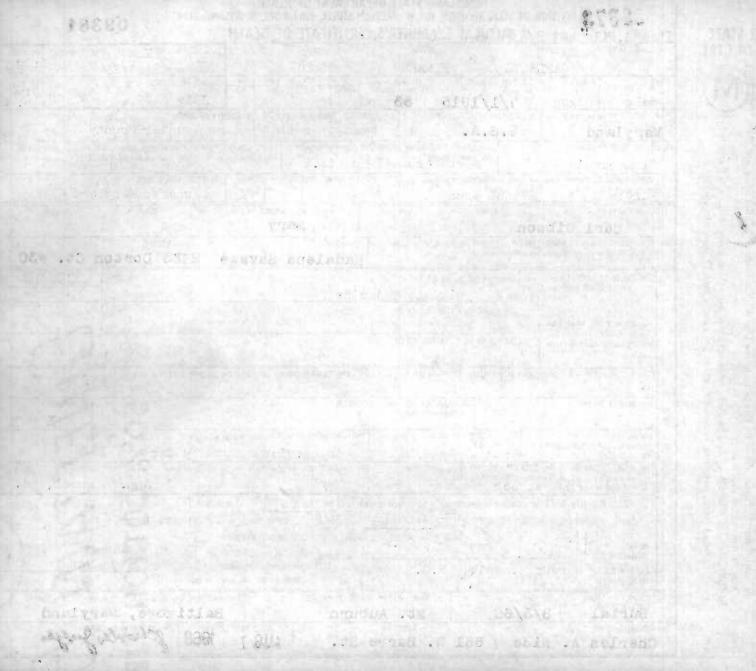
1 AND THE STATE OF STREET The last the state of the state The state of the s erori cipa del perio con la compania del contrato del como del com The series with the series of the former and the series of the former. Parel mark a collected erene de la companya The second of th - was a finishing a gage of the later area of the state o

		MARIEAND STATE DEPARTMENT OF HEALTH
		00 37 6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
STATE OF THE PARTY		CERTIFICATE OF DEATH
	1 0	
1 7 2 E		CEASED-NAME First Middle Last 2a. DATE OF DEATH Yea or print) C Month Doy Year 2b. HOUR
death death	1,	(pe or print) Ecrest C. N. DEOTS! Month Doy Year Wash
5	3. SE	
s afte the t ages s afti		lock high day) Hours Days Hours May
rs (male White 6-29-87 Idst Dirthday) YRS. WORTHS WAS HOURS MIN.
haurs in by ers. Po		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
certificate be executed within 24 haurs after provided and completely filled in by the further place remains carbon papers. Pages 1 moval, and in any event, within 72 hours after	COUL	PENNO. USA WIDOWED DIVORCED AND ARUNDEL MA
ecuted within 24 completely filled ave carban pape y event, within 77	10.0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
温 単温 の。	10.	give street address) God during most of warking life even if retired INDUSTRY
Mit with Mit	01	En Burnie North Arundel Conv. Center
d d		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER C. U. C. FIS BAY
of mp	odmi	ssian) STATE Md. 13b. COUNTY Belto YES NO USAGE 6000 St # 21226
00 / 4	14.5	TOUR DEGREE ST.
and completely remaye carban in any event, with	14. 1	
te be	100	oswald Caorge anna File
and and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
£ . & a	Y	209-03-7570 Fauly
Dovo Dovo		APPROXIMATE INTERVAL
ng h ce		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
the phining		PART I. DEATH WAS CAUSED BY: Left Ventur only failure Grown
ne death attend permit. ian, ar r		
he pe di liar		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF CONFECTION FOR AS A CONFECTION F
the the sit p		ise to immediate couse (o), (b) (b) (b)
s that tl cian. d by the l-transit l, cremat		stating the underlying cause DUE TO, OR AS CONSEQUENCE OF
aquires that the death certification. signed by the attending of the burial-transit permit. Then purial, cremation, ar removal,		lost. W Seulight arterioduri Play.
equires physic signec burial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
r r ing ta ta	2	4500
ndia s t	₩ E	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
If the last of the	문	YES NO CAUSES OF DEATH?
IAN: The law retail or attending I ficate has been sfar use as the the Health priar tab	CERTIFICATION	
rat and tech		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
りも清点	MEDICAL	(If either, natify medical examiner)
ask cer cer he of the	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. (ity or Town County State
PH sish		While Not while OFFICE BUILDING, ETC.
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica je 3 shauld be detached fa ed with the State Dept. af H	- 4	di wdik di wdik
fre by		22a. I certify that (I) (this haspital) attended the deceosed from 1900, to 1900, to 1900, that (I) (we) last
N P P P P P P P P P P P P P P P P P P P		saw the deceased alive an
Hie Sat		causes stated above, (I) (we) (did) (did nat) view the bady after death.
マ も 口 も 声		22c. DATE SIGNATURE 22c. DATE SIGNED
JRE e r		DEGREE PHYS. DIRECTOR DIRECTOR DIVISION DIVISIONI DI VISIONI DIVISIONI DI VISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI DIVISIONI
		The state of the s
AI AI		22d. PHYSICIAN'S NAME (Type) MAX C ERANK up 22e. ADDRESS CE Atteling the Colon burns up
D HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspita 5 FUNERAL DIRECTOR: After this certifi directar, page 3 shauld be detached ishauld be filed with the State Dept. af		2186
and	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	1	Sunal Guly 19 1968 Store Church Cemeter Finleyville, Pa
	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.
VR A15 (4)	24.	till 1 7 4000 Officered as weekle
30M REV. 1/68	1	ha N. Ha ha funeral the, 4200 tennight DATE JUL 17 1968 fellerles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09381 Item#8.FilmGho3 8/6/MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN T Month 2b. HOUR (Type or Print) OF ESTI-:00 , HORACE GIBSON CARLETTE 3. SEX 4 RACE 6. AGE (in years JE UNDER 24 HRS. 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2804 7/1/1915 1968 male negro 53 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Dep farm Maryland Anne Arundel County U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12h. KIND OF BUSINESS OR during most of working life, even if retired.) give North Arundel Hospital Glen Burnie 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Anne Arundel Harmons YES NOW Harmons, Maryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Gibson Mary Carl haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no. or unknown) 2435 Dorton Ct. #30 Madalene Savage within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise ta immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES X NO 21b. TIME OF INJURY Month, Doy, Yeor 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY X OR CONTRIBUTING cremation, 7/29/68 pedestrian struck by car CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Anne Arundel, Md. street 22a. I certify that I taak charge af the remains described above, held an Autopsy K. Inspection . Inquiry , and in my opinian death resulted fram: Natural causes Accident X, Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X 7/30/68 DEPUTY MEDICAL EXAMINER Werner U. Spitz, 5 may FO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 8/3/68 Mt. Auburn Baltimore. Maryland 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W. Barre St. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09382 CERTIFICATE OF DEATH First inst 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR death. death. uneral (Type ar print) Month Griffith Mary E. 68 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years IF LINDER 24 HRS after 18,80 DAYS white January 25, last pighday) MONTHS HOURS female certificate be executed within 24 haurs signed by the attending physician and completely filled in by burial-transit permit. Themplease remave carban papers. Puburial, cremation, or remayal and in any event, within 72 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED & DIVORCED [U. S. A. Anne Arundel County Glen Burnie, Md 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired 1 INDUSTRY Glen Burnie, Md. North Arundel Hospital housewife (ret. Own Home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Anne Arundel Severn admission) STATE Md. NO . Rt. 2, Box 119 YES 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Joshua Stewart Luice Ward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Same Yes, no, or unknown) (If yes give war or dates of service) Adelta V. Davis(Daughter) 215-50-3385-18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the death IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Allewscleron Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending **) FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from _19 6, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 6 DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) July 7,1968 Glen Haven Memorial Pk. Glen Burnie. 250. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15(4) 1968 30M REV, 1/68 Glen Burnie, Md. Home uneral

Wis July 584 20 antification of the control of the c A COLORA TOUR SERVED AND SERVER OF THE REPORT OF THE PARTY. DERWELL TELLERISCHERY Obelelylian, Ournes Marines 87 0/4 29 /4/9 02 /1/6 Chorken. Sar has bring from the with the state of which work and the state of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09383 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Lost 2a. DATE KNOWN [XX] Manth Day Year (Type or Print) OF ESTI-Page GEORGIA E. GROSS July 22 to 1968 R. M delay and 3 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD PM3 Departm Year 1-5-XX 30 Female. White XXX38YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 8. Give Pages 1, with form WIDOWED F DIVORCED [Virgin ia MSA and 2 with the State Anne Arundel. 24 hours after deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Route 424d - Davidsonville during mast of working life, even if retired.) INDUSTRY Davidsonville general clerk prison hospita 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Dayidson-odmission) STATE Marvland 13b. COUNTAnne Arundel VIIIe ningers Office olong 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO E Route 424 in Kem] after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle unknown unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within pepal **ADDRESS** (Yes, no, or unknown) (If yes give war ar dates of service) 48-18/0 Carlos D. Gross - Davidsonville, Md. File Exa APPROXIMATE INTERVA .= within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) executed permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise ta immediate cause (a). ward certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= writing the forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote. YES K NO F pe should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING HOURAM. EXAMINER: cremation, Shot in head during argument 7-22 19 68 8:00 P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.)
Home may be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK 424 Rte. Davidsonville, Anne Arundel, Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry and in my apinion death resulted from: Suicide . Natural causes Accident Homicide x Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER July 23, 1968 TO FUN. Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) Werner U. Spitz M.D. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Jul. 26.1968 Hillcrest Cemetery Bur ia] Annapolis Beverley L. Hopping 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hopping Funeral Home - Annapolis VR A15ME (5) 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

4. 6

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09384 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN! 2b. HOUR (Type or Print) OF ESTI-2, and 3 to PM3. Page 10689:30 M .TAMES J. GROSS July 22 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOLINCED DEAD 2d. HOUR Male Oct. 1,1921 White 146 RS 1968 9:30M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country)Virginia USA WIDOWED DIVORCED [Anne Arundel, 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH Office olong with 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Annapolis give street oddress)
ANNE ARUNDEL GENERAL HOSP. during most of working during most of warking life, even if retired.) YATZUGNI Davids/ohville on struction 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CTY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Anne Arundel YES NO NO ville. Route 424 tem] ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle unknown hours unknown pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within (Yes, no, or unknown) (If yes give war or dates of service) 23/-/8-0535 Carlos D. Gross - Davidsonville, Md. no within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES NO pe 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING Shot self in chest 7-22 1968 CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State may be retained far your FUNERAL DIRECTOR: Page factory, affice building, etc.)
Home WHILE NOT WHILE AT WORK Route 424 Davidsonville, Anne Arundel, Md. please execute 22a. I certify that I took charge of the remains described abave, held an Autapsy k. Inspection . Inquiry . and in my opinion death resulted from: Natural couses. Accident Suicide x Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED 7-23-68 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 700 Feest St. NAME (Type) Werner U. Spitz. M.D. ADDRESS(Street, city, town, or county) 50 23a. BURIAL CREMATION, 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Jul. 26.1968 Hillcrest Memorial Cem. Burial Annamolis 24 EUNERAL PIRECTOR L. Hopping 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Hopping Funeral Home - Annapolis, Md 10M REV. 1/68

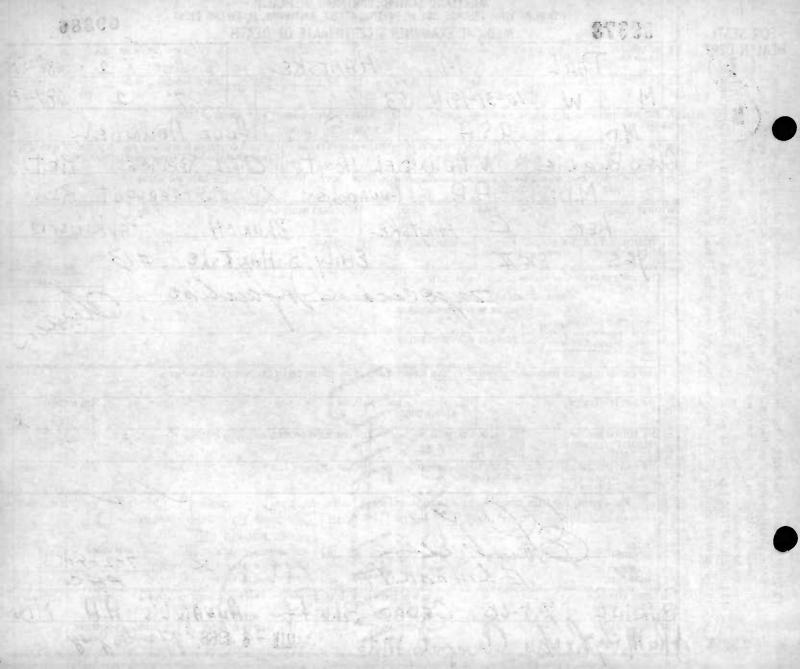
MAKILAND STATE DEPARTMENT OF HEALTH

	9377	DIVISION	OF VITAL RECORDS	, 301 W. P				YLAND 2120	01 05	385	
1. DECEASED-NA/ (Type or prin		st lton	Middle		lost Hamlen		a. DATE OF	Manth	Day 12	Yeor 1968	2b. HOUR 9:10AM
3. SEX Mal	e	4. RACE	hite		S. DATE OF BIRT	тн 3 , 1886		6. AGE (In years last birthday)	YRS. IF U	INDER I YEAR THS DAYS	HOURS MIN
70. BIRTHPLACE country) Mar	(Stote or foreign yland		of what country?	WIDOWED		IED	OUNTY OF Anne	DEATH Arunde	1		Md.
10. CITY OR TOW	VN OF DEATH		11. NAME OF HOSPITAL OR II give street address) North Arun	estitution (if n	of in hospital spital	120. USUAL Of during most o	CCUPATION of working I	(Kind of work o	dane 1 red.) 1	2b. KIND OF E Industry	BUSINESS OR
13a. USUAL RESI admission) STA Mary	ATE	eosed lived, if in 13b. COU Ann	nstitutian: Residence before NTY e Arundel	13c. CITY OR	TOWN 13	Sec. INSIDE CITY LIMITS? YES NO		Cherry		e	
14. FATHER'S NA	Me First Charles H	lamlen Mid	ldle Lost	115	Eliz	DEN NAME First	trutm	Midd en	ile		Lost
16a. WAS DECEA Yes, no Neur	ASED EVER IN U.S. A nknawn) (If yes gir	ARMED FORCES? we war or dates of serv	16b. SOCIAL SECURITY	'NO. 17. I	NFORMANT Hamilto	n Teves	522]	Rossite	r Ave	#12	
18. CAUSE	OF DEATH (Enter	only one cause	per line far (a), (b), and (c).)						APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
rise to im stating th <u>last</u> .	s, if any, which gov mediote couse (a e underlying caus	(b). DUE TO	, OR AS A CONSEQUÊNCE OF OR AS A CONSEQUENCE OF TRIBUTING TO DEATH BUT I	lped							
11,5%	0		DR WHICH OPERATION WAS P		20a. AUTOP			YES, WERE FINDI	MGS CONSI	IDEDED IN CE	PTIEVING
STIFIC					YES _	NO 💌	CAUSES	OF DEATH?			KIIFIING
OR CONTR	DENT WAS UNDERLY IBUTING CAUSE OF Condity medical exa	MOUR miner)	P.M.	19		RRED (Enter nat					- 33
While at wark	at wark		URY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.					or Town		ounty	Stote
can	ises stated oba	this hospitol alive on ive, (I) (we) (ottended the deceo	sed from 6 19 <i>6</i> , one bady ofter	d that in (my) death.	, 19 G./-) (our) opinion	n deoth o	ccurred on th			(I) (we) lost and from the
22b. SIGNA	baut		eing, M.		1 111 0.			STAFF PHYS.	22c. DATE		
22d. PHYS NAMI			DABOWN								10 AD
230. BURIAL, CR	(Specify)	b. DATE 7/15/68	Ced	CEMETERY OR	1 Cem		AA 1			Md (Month)	(Stote)
24. FUNERAL DI	lly F	4 23	ADDRES	s aus		DATE LA TECTO BY RE	GISTRAR 5 196	8 2Sb. REGIST	TRAR'S SIGN		·

48560			
		1 0 1	
		Malanil as Pesci	
the state of the s	E Bradwell		
of average to the second	Edval mod these		
			1. 1:
DI 00 at		Bayes and a second	

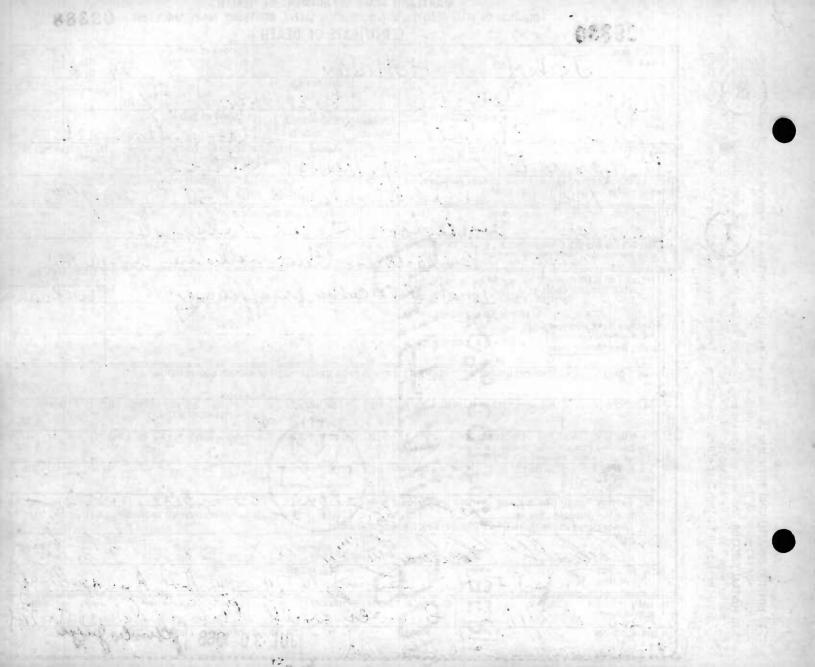
12		DIVISION OF VITAL	RECORDS, 301 W. PRES	TON STREET, BALTIMORE, MARY	(LAND 21201	386
FOR STATE	-	09378 MEDI	ICAL EXAMINER'S	CERTIFICATE OF DEATH	1	1200
HEALTH DERT.	1. D	CEASED-NAME First	Middle	Lost	2a. DATE KNOWN Month Do	ay Yeor 2b. HOUR
delay is and 3 to	(pe or Print) Pau L	M	HANTSKE	OF ESTI- DEATH MATED 7 2	1868725 PM
\$ m & m &	3. S	4. RACE S. DATE OF E		OFS OF UNDER 1 YEAR OF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	2d. HOUR
a de de		M W 10-3	1-1914 53	yrs. Months Days Hours Min	Month 7 Day 2	Year 1968 925 PM
Depar		RTHPLACE (State or foreign 7b. CITIZEN OF V	WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 9. 4	DUNTY OF DEATH	
e D	coun	" M.D. U.S	s.A	WIDOWED DIVORCED H	UNE HEUNDE	Md.
	19 8		NAME OF HOSPITAL OR INSTITU	TION (If not in haspital 12a. USUAL (OCCUPATION (Kind of wark done 121	b KIND OF BUSINESS OR
Give F Give F ang with the 1th the	9	EN BURNIE 19/1	e street poddress NDEL	Hospt Cu	of working life, even if retired) INI	DUSTRYRET
Ifter In after It I and I after I afte		USUAL RESIDENCE (Where deceased lived, if inst mission) STATE 13b. COUNT	titution; Residence befare 13c.	CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
18. 18. 2 will deo	00	hissidily State M.D., 130. COUNT	T.H. AW	UAPOLIS YES NO [223 FARRAGUT	KD.
haurs after death Item 18. Give Page Office alang with land 2 with the Sta after death.	14. F	THER'S NAME First Mide	dle Last	S. MOTHER'S MAIDEN NAME Firs	Middle	Lost
24 haurs ar in Item 18. r's Office al		LEO C	HANTSKE	BLAN	CH tael	KIUSON
within 24 pencil in xaminer's ile pages 72 haurs	16a. (Y	AS DECEASED EVER IN U.S. ARMED FORCES? s, ng, or unknown) (If yes give wer or dates of cervice	16b. SOCIAL SECURITY NO.	V. INFORMANT	ADDRESS ADDRESS	
wit pel xan 72		YES WW4		EMILY B. HAW	KSKE #13	
ted " in al E		PART I. DEATH WAS CAUSED BY:	r line far (a), (b), and (c).)	. ()//	1 -	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
edic edic wif		IMMEDIATE CAUSE (a)	myercan	ked froften	char of	2/
be execute "pending" ief Medica nsit permit		Canditions, if any, which gave)	OR AS MEONSEQUENCE OF		4	Marle
d be d 'l Chie fran Y ev		rise to immediate cause (a), (b)_	OR AS A CONSEQUENCE OF			- H
shauld be executed with second with the Chief Medical Examinal transit permit. File in any event within 72		stating the underlying cause DUE 10, (OK AS A CONSEQUENCE OF			
ite shauld be executed wir the ward "pending" in pe d ta the Chief Medical Exa a burial-transit permit. File ind in any event within 72		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBI	LITING TO DEATH BUT NOT BELA	TED TO THE TERMINAL DISTAGE OR CONDIT	ION COVEN IN CART 1/a)	
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pag shauld be farwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit. File pages land 2 with the Standian, ar remaval, and in any event within 72 haurs after death.		4 2 01	UTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DISEASE OF CONDIT	ION GIVEN IN PART I(0)	
war war war ed aval	TION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION		20. AUTOPSY?
INER: This certificate certificate certificate, writing should be farwarder files. 3 should be used as notion, ar removal, a	MEDICAL CERTIFICATION		WAS PERFORMED?			YES NO
Th fica bld b	CER		OF INJURY Manth, Day, Year	21c. HOW INJURY OCCURRED (Enter no	ture of injury in Part 1 ar Part 2, Item	18.)
KAMINER: te the certing 4 shauld your files. age 3 shaul	DICAL	PRIMARY OR CONTRIBUTING HOUR CAUSE OF DEATH	P.M. 19			
	ME	1 1 10 1 11	(At hame, form, street,	21f. LOCATION Street or R.F.D. No.	City or Town	County State
		AT WORK AT WORK	uing, etc.)			
ICAL E executor. Payed far CTOR: burial,		22a. I certify that Hook charge of	hthe remoins described ob	ove, held an Autopsy , l	nspection Inquiry	ond in my opinion
se exe setar. P ned fa rector		death resulted from: Natural co	iuses Accident [], Suicide, Hamicide	, Undetermined manner]
please e I director retained retained			/ /	CHIEF MEDICAL EXAMI	NER	
ny, ple eral di be rett RAL D priar		ACTUAL SIGNATURE	nout			GNED S
EDUTY DICK ssary, please e uneral director by be retained NERAL DIRECT th priar to bu		EXAMINER'S	/ whom N	DEPUTY MEDICAL EXAM	WIINER	
O DEPUT necessary the funer 5 may be O FUNER NHealth F	00	NAME (Type)		ADDRESS(Street, city,		ses
5 g = 2 5 ±	230.	BURIAL, (REMATION, REMOVAL (Specify) 7-5-68	NAME OF CEME	ERY OR CREMATORY 23	LOCATION (City or Town)	ounty) (State)
W	24/	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY R	EGISTRAR 256 REGISTRAR'S SIGN	NATURE
VR A15ME	ok	M Fay by alin (1	M. M.	JUL-8	1968 Peliantes &	udge
10M REV. 1768	VV	CITY TON OL	MACOUNTINO	NO JOHN		

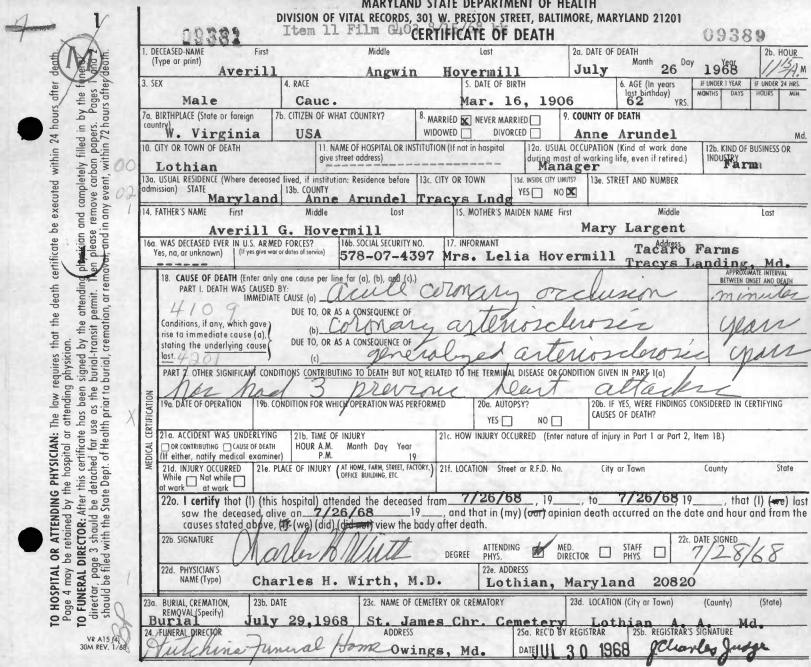
MAKILAND STATE DEPARTMENT OF HEALTH

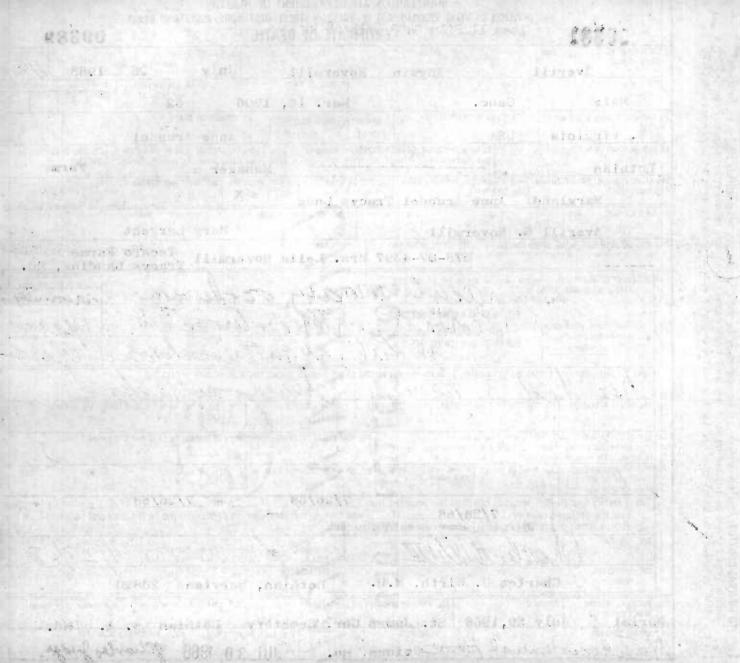


78500 ISLEBURYE	AND STATE AS		• • •
17, 136	THE PERSONS	RHTSL	Jak)
		31164	
JCDVURE - 3VM	X		in the Hay
, <u>1</u>	CAUSE CAUSE HE	TELEGRA	100000
TELEUPOPH POR	Х	vale limited an	and for ename.
DRACE	32(%	PARTIN	20/9/100
I), el enel (stie) harry Alle		50 C. :	
	Ct .		
Y -			
, , , , , , , , , , , , , , , , , , ,			
.Or Or .HEAV JAME NO.			
Server March Stell			

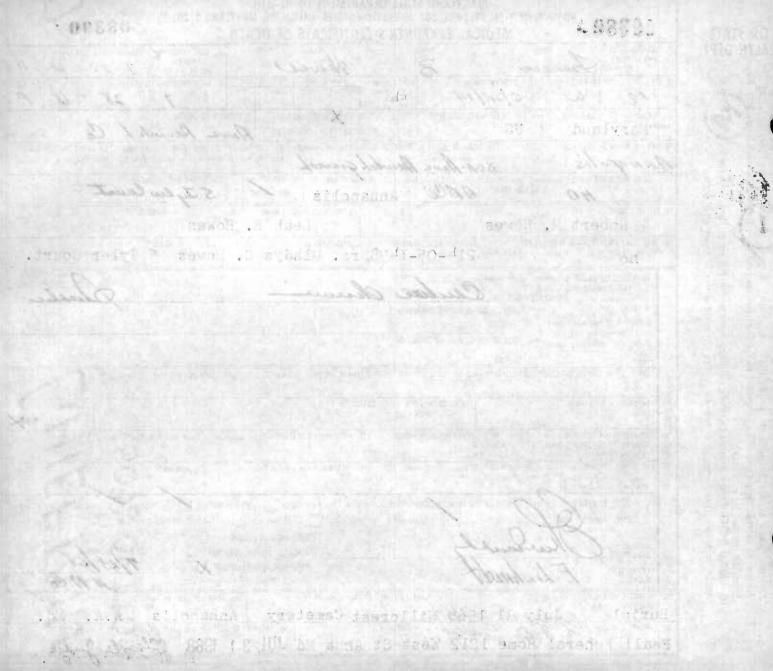
1		MARYLAND STATE DEPARTMENT OF HEALTH
7	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09388
7		CERTIFICATE OF DEATH
/	. 2	1. DECEASED NAME First Middle 1 Last 2a. DATE OF DEATH 2b. HOUR
	death death	(Type or print) Toha Halliday Month Day Year M
	# # # # # # # # # # # # # # # # # # #	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Insure 1 to 1 t
	₹ S S	18 ale Correct 8/29/1890 / YRS.
	in by the Tu	70. BIRTHPLACE Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		VIC. U.S. C. WIDOWED DIVORCED Charge Crundle Md.
	n 2 ille	10. CLEY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OSSUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	xecuted within 24 hour completely filled in by fove corbon popers. Pry event, within 72 hour corporations of the corporations	St. Margarets give street oddress Bay Marson during (noss of working life, every retired.) INDUSTRY
	ed v	130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 136-CITY OR TOWN 13d. INSIDE CITY LIMINS? 13e. STREET AND NUMBER
	ompo ow	admission) STATE Md. 13b. COUNTY (). (). Wirmspellers & NO 1376 / Sery Ct,
	exec end my	14. ATHER'S NAME First Middle D Loss IS. MOTHER'S MAIDEN NAME First Middle Lost
	a (5 d	Lands Holliday Telia Sollard
	ote Cigar	/66. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) Wisogram war a dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending phyrician and complet should be detached for use as the burial-transit permit. Then deade Perpose contint the State Dept. of Health prior to burial, cremotion, or removal, and in any event	1405-0688A Will Straining Wyork, 144.
	real page in the same	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).) APPROXIMATE INTERVAL BETWEEN ONSTITUTION OF OFTH
	et inginit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corebral Vascular lung fecuse unknown
	de de erm	4379 DUE TO, OR AS A CONSEQUENCE OF
	the or	Conditions, if any, which gove)
	.r. y # y nosi	rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	d b	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
	uire nysi gne gne iria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	The low requires the ottending physician, hos been signed by se os the burial-troith prior to burial, cre	7 6 5
	din din the	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	e le le lo so lo so lo so lo pric	CALICES OF DEATHS
	# P P P P P P P P P P P P P P P P P P P	YES NOOZ CAUSES OF DEATH?
	cate or or	
	pit affin and a second a second and a second a second and	(If either, notify medical examiner) P.M. 19
	ing PHYSICIA by the hospitol fter this certifice be detoched fo State Dept. of H	21d. INJURY OCCURRED VIEW (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while
	this this detection of the property of the pro	ot work ot wark
	IN ter	22a. I certify that (I) (this hospital) attended the deceased from 7/20, 1967, to 7/29, 1968, that (I) (we) last saw the deceased glive an 1968, and that in (my) (eyr) apinion death occurred an the date and haur and from the
	NO Pad	saw the deceased alive an 1965, and that in (my) (our) apinion death occurred an the date and haur and from the
-	OS DOCT	couses stated obove, (1) (we) (did) (did not) view the bady after death.
	D HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or D FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Healt	226 SHONATURE COLORED LATENDING MED. STAFF 22c. DATE SIGNED 22c. D
	o a a belief	22d. PHYSICIAN'S 22e. ADDRESS
	RAI RAI	NAME (Type) Richard I. Hack man The 16 Mereray Ave Annasoly, W
	OSF DNE Ctor uld	230. BLAKTAN, CREMATION; 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY, 20 . 23d. LOCATION (City or Town) (County) (State)
	TO HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fill	REMOVAL(Specify) & 211/6 (Specify) & 211/6 (Specify)
	F - E OA	24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAL'S SIGNARY
	VR A15 (4) 30M REV. 1/68	The Total Wall of the State of
		O VOCULIM PACESE, I VICTOR I DATE







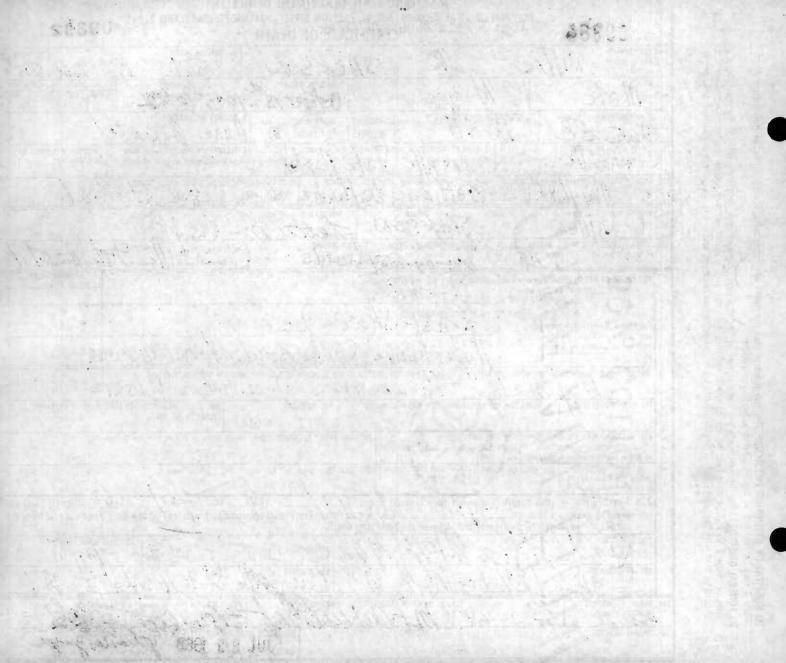
1/1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Clast 20 DATE KNOWING Month Day Year 12h HOUR
of ge o	(Type or Print) Francis B Saves DEATH MATED 7 28 165 PM
delay is and 3 to A3. Page	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR
and and M3. I	M W 5/21/14 Start YRS. MONTHS DAYS HOURS MIN. Manth 7 Day 28 Year 18 PM
27	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
for se	country Maryland US WIOOWEO O OIVORCEO Anne Arundel. Co. Md.
ffer death Give Pages I ong with farg ith the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark dane libb. KIND OF BUSINESS OR during most of warking life, even if retired.)
er d Sive ng v ng th	17 PN GOOTS DON- HANNE HRUNDEL GENERAL
S al s al	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE HO 13b. COUNTY ARCO Annapolis YES NO 5 If Lew Caust
John Janes	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
	Robert M. Howes Leah R. Howes
within 24 pending xaming s xaming s ile pages 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) 214-05-1498 Mrs. Gladys C. Howes 5 Tyler Court.
- 111	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
executed nding" in Medical E. permit. F	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chickee Observe Obser
be execution pending inef Medicansit permansit permansit with event with	DUE TO, OR AS A CONSEQUENCE OF
d 'p d 'p Chie rrans	Conditians, if any, which gave rise to immediate couse (a), (b)
shauld be execute te word "pending" a the Chief Medical burial-transit permit in any event withi	stating the underlying couse OUE TO, OR AS A CONSEQUENCE OF
ate she ya the ya the ya ta	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	4344
This certificate, writing the farward be used a broward r removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\subseteq \text{NO} \) 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
his afte, e fa	WAS PERFORMED? YES \(\text{NO} \(\text{NO} \)
E - P 0	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
NER: T certific hauld b iles. shauld rtian, or	CAUSE OF DEATH P.M. 19
CAL EXAMINER: execute the certifor. Page 4 should for your files. CTOR: Page 3 shouburial, cremation,	WHILE NOT WHILE foctory, office building, etc.)
EX/ cute Page rr yo rr yo	22a. I certify that lack charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion
DEPUTY SICAL B ACESSARY, please exect e funeral director. Pa may be retained for FUNERAL DIRECTOR: salth prior to burial,	22a. I certify hat lack charge at the remain described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
please please I director retained L DIREC	CHIEF MEDICAL EXAMINER
JITY, pleeral diserent be ret. BAL D	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED 22b. DATE SIGNED
EPUT SSSATY funer ay be JNER/ Ith p	EXAMINER'S COPUTY MEDICAL EXAMINER OF 1/28/6
O DEPUTY necessary, the funera 5 may be 0 FUNERA	NAME (Type) L. LINNHOUT ADDRESS (Street, city, town, ar county) A. B. Co.
OT = 20 H	230. BURIAL CREMATION, 23b. OATE . 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Ba	Burial July 31 1968 Hillcrest Cemetery Annapolis A.A. Md. 24. FUNERAL DIRECTOR PY REGISTRAR 125b. REGISTRAR'S SIGNATURE
VR A15ME [5] 10M REV. 1/68	Beall Funeral Home 1212 West St Anna Md DatUL 3 1 1968 Clearly Quese
TUM KEV. 1708	



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09391 09383 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH Middle 2b. HOUR First (Type ar print) Manth papers. Pogest I 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS May 9, 1882 86 requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or farefan 7b. CITIZEN OF WHAT COUNTRY 8. MARRIED NEVER MARRIED country WIDOWED DK DIVORCED Maryland 12a. USUAL OCCUPATION (Kind of work done within 10. CILY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) INDUSTRY ond completely fi remove carbon give street address) Housewife Domestic buriol, cremotion, or removal, and in ony event, 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Anne Arundel YES [NO X Lothian Maryland 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle puo Wayson Veturia Julius Crandell E. 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address I (If yes give war or dates of service) Yes, na. ar unknawn) 214-36-8436 Mrs. Winterson Prout Lothian, Md. 20820 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detoched for use as the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY . OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED Street or R.F.D. No. City or Town Caunty State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 6 to Charles _1968, and that in (my) (our) opinion dead accurred on the date and hour and from the saw the deceased alive andirector, page 3 should should be filed with the causes stated abave, (t) (we) (did not) view the bady after death. 22c. DATE SIGNED **ATTENDING** DEGREE PHYSICIAN S WIRTH, MARYLAND CHARLES H. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) Mt. Zion Chr. Cemetery Arundel Md. .1968 Lothian Anne FUNERAL DIRECTOR VR A15 M 30M REV. Owings, Md.

Teren u			3000
X.			25013 73
	06 E88L 44 1		
			Land baseout
kalan, affi	alleisani, ja	12 7 14 W	
		resident to house	MDD DULLSTON
nowyne	EL103%1	Liphania	Marine
	crist trock women in	.auf 85,85-17-15	
	ž,		
			3
Vene			
	a spino dane en platic		
	n symbol No. Symbol past vision	nuel Mi. Aca Dr. G	Lie who calcol
Liza Libe	and the same of the same of	A Topping	

1		MARYLAND STATE DEPARTMENT OF HEALTH
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10322 1tem 6 Film GLIOL CENTRE ATEC OF DEATH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 7 7 4	1. D	ECEASED NAME / Bits - Middle Lost / 2a. DATE OF DEATH . 2b. HOUR
to to to	((Ype or print) WILLE R JACKSON JUNONTH 2 Day ST Year 1960 5.15 M
E 248	3. SI	S. DATE OF BIRTH 6. AGE/UN years IF UNDER YEAR IF UNDER 24 HRS.
# \$ \$ \$ X		Male NR Pro OSOPETS 1905 6 BS. MONTHS DAYS HOURS MIN
by Pour	70.	BIRTHPLACE (State or foreign 7b. CITIZEN/OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. JOUNTY OF DEATH
1 S. T.	cou	Pleater S.C. W. SH. WIDOWED DIVORCED & Anne Arundel. Md.
nin 24 filled i poper thin 72	10.	TY OR TOWN OF DEATH 11. NAME OF HOSPITADOR INSTITUTION (If not in hospital) 2a. USUAL OCCUPATION (Kind of work done give street oddress) / during most of working life, even if retired.) INDUSTRY
with with bon with		Crownsulle diale Happian
e executed withing and campletely fremove carbon nony event, with		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 132 TITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY) 13b. COUNTY) 13b. COUNTY) 13c. STREET AND NUMBER 13c. STR
carr		The year of the parting of the state of the
ond rem in on	14.	FATHER'S NAME Middle SACKSON IS. MOTHER'S MAIDEN NAME First Middle Last
ate b icion lease and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17/INFORMAN)
Rentificate by physicion please mavol, and i		(es, no, or unknown) (If yes give war or dates of service) by - a give war or dates of service) by - a give war or dates of service)
The Par		18. CAUSE OF DEATH (Enter only one cause per line for _{fi} (o), (b), and (c).)
affending opermit. The ion, or rem	1	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)
de de n', o n', o		4120 DUE TO, OR AS A CONSEQUENCE OF 1
the c		Conditions, if any, which gave) RENAL SAWY VOWN
hat n. ny tl ans em		rise to immediate cause (a). stoting the underlying couse DUE TO, OP AS A CONSEQUENCE OF
The low requires that the ottending physician. hos been signed by the se as the burial-transit in prior ta burial, cremoti		lost. (c) Hyperthylve ardiovascular heral // Sedse.
quir phy sign suri		PART 2. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9)
r re ing en ta h	N.	442x Hypostetic Freumonia. Decupitus Wicers
The low rottending hos been se as the h prior ta	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20J. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The of the	RTIFI	YES NO DQ
AN: or cate		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
Digital Part	MEDICAL	(If either, notify medical examiner) P.M. 19
HYS has s ce oche ept.	×	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
the det		of work of work /
Mffer Stoll		22a. I certify that (I) (this hospital) ottended the deceased from 7/4, 1908, to 1908, the deceased alive an 1908 and that in (my) (our) apinian death occurred an the date and haur and from the
R: A	1	saw the deceased alive an
Sha		22K SICHATURE. 22c. DATE SIENED / CX
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certific ge 3 shauld be detoched fo led with the Stote Dept. af H		DEGREE PHYS. MED. STAFF 1/2//01
AL Day bagg		22d. PHYSICIAN'S FM3/2 62 / MA 220-ADDRESS 11 C/2 4 11 20 7 1
SPII 4 m NER/ Id b	1	NAME (Type) LION & MANTY MOPP, M. Y Crownsville State Hospital Va.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death remifficate be exercised 4 may be retained by the hospital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionarity, page 3 shauld be detached for use as the burial-transit permit. Then please remosthauld be filed with the State Dept. af Health prior ta burial, cremation, or remayol, and in any	23a	BURIAL, CREMATION, 23b. DATE 23c. MAME OF CEMETERY OR/CREMATORY 23d. LOCATION (City of Igwn) (County) (State)
===	24	FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1768)	FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
YOY		We have been a second of the s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09393 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME HEALTH DEPT. 2a. DATE KNOWN Manth Day Year (Type or Print) ESTI Page DEATH MATED delay 4. RACE IF UNDER 24 HRS 3. SEX 2c. DATE PRONOLINCED FAD BIRTH MONTHS HOURS MIN M3. 7a. BIRTHPLACE (State or fareign NEVER MARRIED X 9. COUNTY OF DEATH Give Pages 1, form WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitab) 12a. USUAL OCCUPATION (Kind of work dane with 10. CITY OR TOWNS OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY uden Office alang 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE Item 18. YES NO M and 2 24 haurs 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Last First Middle Ames RETOU within Examiner 160 WAS DECEASED EVER IN ILS ARMED FORCES **ADDRESS** 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) (If yes give war or dates of service) W. Nurseru 1700 NO U. APPROXIMATE INTERVAL certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and within forwarded to the Chief Medical BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), writing the ward AS A CONFEQUENCE OF stating the underlying cause .0 pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 remayal. used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [pe shauld be 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: burial, crematian. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, torm, street 21f. LOCATION Street or R.F.D. No County NOT WHILE FUNERAL DIRECTOR: Page AT WORK 22a. I certify that I taak charge of the remains described above held an Autapsy Inspection and in my apinion death resulted from: Natural cause's Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mol more BURIA 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) RetUN

E0500 LA LABOR OF THE CALL THE THE AND A MARKET A KALL south and add a street Stranger John Stranger Stranger should some set to the set the first the set of the set

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09394 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. and 2 death. (Type or print) funeral Month MAMIE LOUISE JEFFREY 3. SEX hours after 4 RACE S. DATE OF BIRTH 6. AGE (In veors IF HINDER 1 YEAR White January 20.1900 Female lost bighdoy) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED "Bltimore, Md. U.S.A. Anne Arundel WIDOWED [DIVORCED [24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Rt.#2 Box 63 Dorsey Rd. during most of working life, even if retired.) NOUSTRY Home Hanover burial, cremation, or remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER requires that the death certificate be executed odmission) STATE

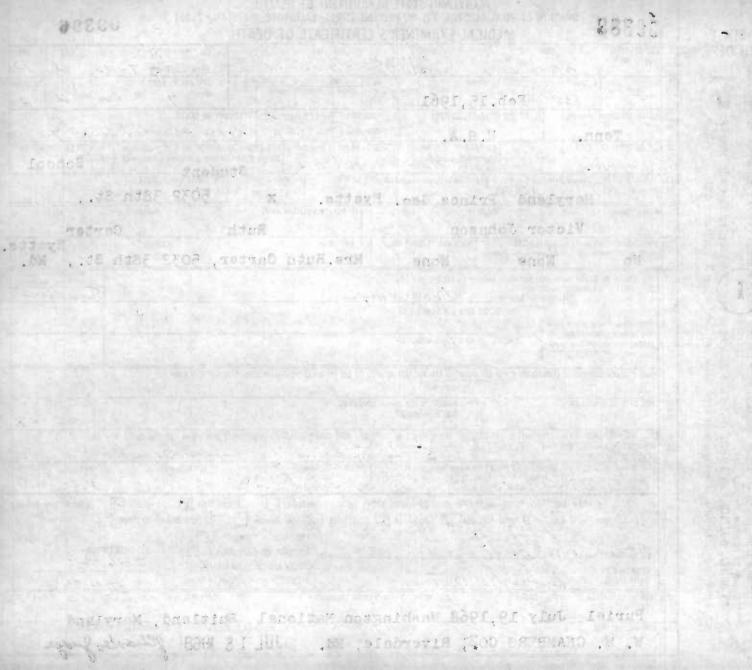
Harvland 13b. COUNTY YES -NO V Rt.#2 Box 63 Dorsey Rd. Hanover 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Middle Smith Edward Slingman Lilly 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Same #13 Yes, no, or unknown) (If was give war or dates of service) Mr. Richard M. Jeffrey (Husband) 215-50-0209 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (a). signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the Health priar ta PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO TY 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. director, page 3 shauld be detached should be filed with the State Dept. of (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work O HOSPITAL OR ATTENDING Page 4 moy be retained by th 22a. I certify that (I) (this hospital) attended the deceased from ______, 19_66, to ______, 19_67, that (I) (we) last saw the deceased alive on ______, 1968, and hot in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Anne Arundel Co. Maryland 13.1968 Friendship Cemetery Singleton Funeral Home Glen Burnie, Md. 30M REV. 1/68

\$2000 man hundan se			08771
diet it, 1956		a serium	SIMA.
	is veriment		clearly
Labraca Arma			.oN, equal field
os Agri	rational variable to		Takuteu
ALTON TO NOT SULED IN	Panolysis	(about _ dimit	has Leading
			CHARLES
Jeffray() wanted)	in palidate pur eur	ille fie en la	100 Joh
		The state of the s	
thon totaleties. Make	Market Street Street		THE SECOND SECOND

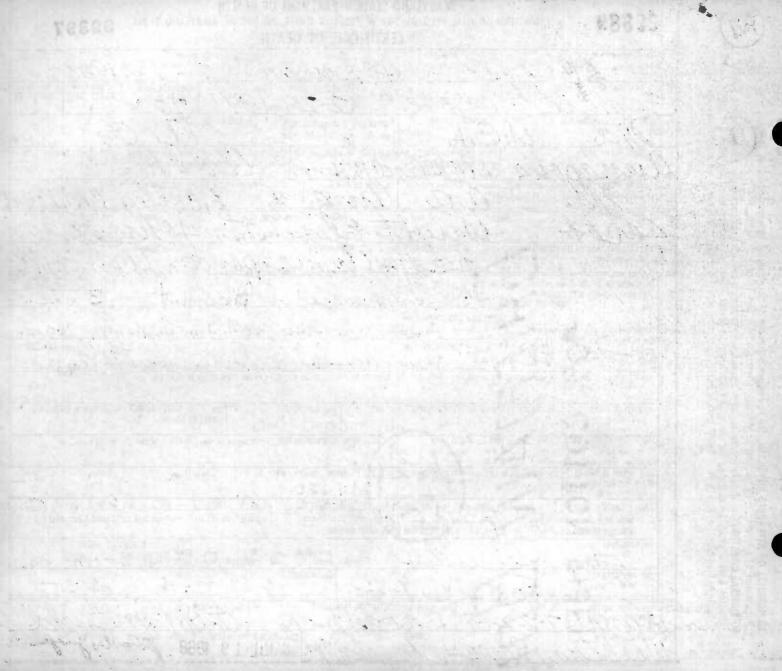
		MARTLAND STATE DEPARTMENT OF THE	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	09395
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00000
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
	(ype or Print) OF ESTI-	100
- 4 g 4	2.0	X A RACE O S DATE OF RIDTH 16 AGE (ID WOORS) IF UNDER 1 YEAR IF UNDER 24 HRS 22 DATE PRONOLINGED DEAD	1968 F N
delay and 3 M3. Pa tmem	3. S	S. DATE OF BIRTH 6. AGE (in years lif UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthdoy) MONTHS DAYS HOURS MIN. MONTH DOP	2d. HOUR
ny del 2, and PM3. partme		Male Col , 3-13-1987 / YRS.	1968 M
0)		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF YOUAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	20
form form te De	97	11/1) Md. U.S. a. WIDOWED DIVORCED armse aru	ndel Mc
after death 8. Give Pages along with far with the State leath.	10.0	ITY OR TOWN OF DEATH 11. (NAME OF DESPITAL OR INSTITUTION (If not in hospitol during hospif) working (if even i Pretired.)	12b. KIND OF BUSINESS OR INDUSTRY
Give ong w	120	USUAL RESIDENCE (Where deleased lived if institution: Residence before) 13c (ITY OR TOWN 13d INSIDE (ITY UMITS? 13e STREET AND NIMBER (
	0	USUAL RESIDENCE (Where decesed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 13b. COUNTY YES 13b. COUNTY	3
hours Item 1 Office affer of	14. E	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First , Middle	Lost
4 = 0 5 (4)	(Willan Johnson & Mary Semon	
hin 24 ncil in niner's pages	160	WAS DECEASED EVER IN U.S. ARMED FORCESS 1665. SOCIAL SECURITY NO 123. INTORMANTA DDRESS	
		es-no-populity poyr) (If yes give war or gotes of service)	10 11-12 5
with he Exar		110.	121620 MARY 1
ecuted ing" in edical E ermit. F		18. CASSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
e executed pending" in ef Medical E nsit permit. I		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) POEUTIPULA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
Me Me		DUE TO, OR AS A CONSEQUENCE OF	Just
be exe		Conditions, if ony, which gove	- den
vard har Char Char Char al-tra		rise to immediate couse (a), (b)	
		stoting the underlying couse DUL TO, OR AS A CONSEQUENCE OF	
4. 9 0 0		(c)	
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certification in the second of	N	7298	
certi, writ arwai arwai used mava	ATIC	196. CONDITION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fe e	CERTIFICATION	WAS PERFORMED?	YES NO
T 0 0 T	CER	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2,	Item 18.)
	CAL	PRIMARY OR CONTRIBUTING HOUR AM	med a
NER shau shau files.	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOSATION Street or R.E.O. No. City or Town	County State
lease execute the certificate of the certification. Page 4 shauld stained far yaur files. DIRECTOR: Page 3 shour to burial, cremation,		WHILE AT WORK	The MA
Page ar al, al	-	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry (and in my apinion
Sar ex CTO		death resulted frame Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ase rect rect as a second since the second since the second secon			
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	T CICNED
> . O . = E		SIGNATURE M.D. SOSTAIN MEDICAL ENGINEER	E SIGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER 2 7-	17-60
ro DEPUTY necessary, p the funeral 5 may be re co FUNERAL Health prior	23.00	NAME (Type) ADDRESS(Street, city, town, or county) PURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d ID AMON (City or Town)	AACO.
F	1	PURIAL, CREMATION, 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d. (DATION (City or Town)	(County) (State)
La	خلا	urial H20/68 Detad fect De Mark	arecoury.
(2)	129	FUNERAL DIRECTOR 25 JC D TY 9 GTS 1968 25 JC D TY 9 JC D TY 9 GTS 1968 25 JC D TY 9 JC D TY 9 GTS 1968 25 JC D TY 9 JC D	and the same
VR A15ME (5))	11XVI Gara Regard II - Washing Ma. DATE	0

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09396 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN DO 2b. HOUR Yeor (Type or Print) Page PM to DEATH MATER TONNIE. delay 4. RACE AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup 16 Year Feb. 15.1961 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED in Item 18. Give Pages 1, along with farm Anne Arondel. Com WIDOWED [DIVORCED [land 2 with the State 10. CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in bospital 12o. USUAL OCCUPATION (Kind of work done INDUSTR'S chool during most of working life, even if retired.) AINNUPOLIS 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 38th Office after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Victor Johnson Ruth Carter pages hours 16b. SOCIAL SECURITY NO. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown) Mrs. Ruth Carter, 5032 38th St. None None CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Chow NING Sullen IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). shauld writing the ward any DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) remaval. 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO DO the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING crematian. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote dactory, office building, etc. WHILE AT WORK AT WORK FACO NOD please execute 22a. I certify that I taak charge of the remains described above, held an may be retained far FUNERAL DIRECTOR: Inquiry X Autapsy Inspection 2 and in my apinian Natural causes . Accident death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burla 19,1968 Washington National Suitland
ADDRESS 250. RECD BY REGISTRAR 2250. 24. FUNERAL DIRECTOR CHAMBERS COZ; Riverdale, Md. VR A15ME (5) 10M REV 1/68

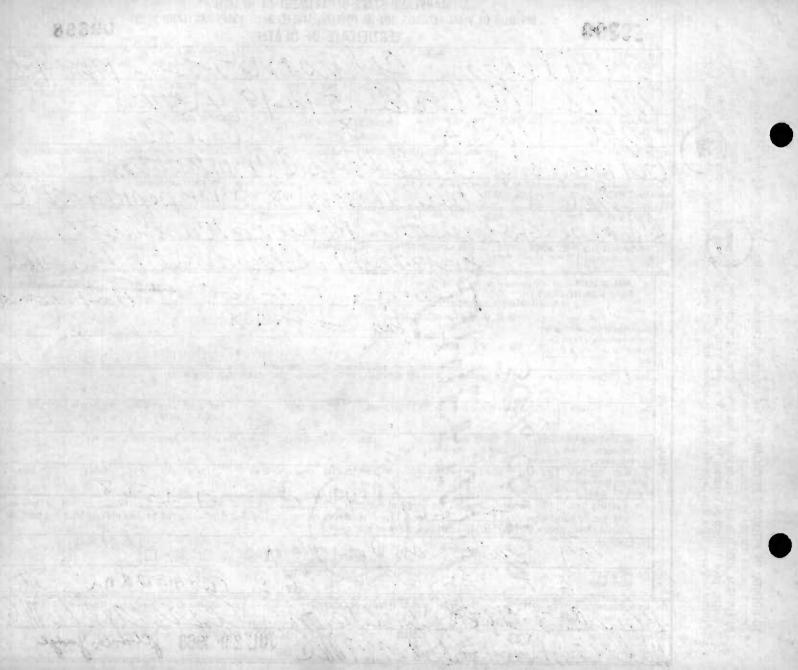
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 19383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09397 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR after deoth (Type or print) Manth Yeor C hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS YRS. 7a. BIRTHPDACE (State or foreign 7b. CUTIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED 12a. USUAL OCUPATION (Kind of work done buriol, cremotion, or removal, and in ony event, within 10. CHEN OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR within during most of warking life INDUSTRY pou completely 13 CITY OR TOWN deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND executed admission) 13b. COUNTY NO 14. FATHER'S NAME Middle HER'S MAIDEN NAME First ond requires that the death certificate be 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ereb IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove CARdiovascular riosclerona rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by al stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been be detached for use as the Stote Dept. of Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION , Street or R.F.D. No. 21d, INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased fram 1960 , ta , and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive_an_ director, page 3 should should be filed with the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LOPATION (City or Town) 23b. DATE 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 24. TEUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



1			MARYLAND STATE DEPARTMENT OF HEALTH
D			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1			CERTIFICATE OF DEATH 09398
	- 2 -	1 0	CEASED-NAME / First/ / • Middle Lost _ 20. DATE OF DEATH _ 2b. HOUR
	eraf and leath		ype or print) (11 11 mm Golmon) Tomas Tomas Day 19 Years 4:50
	fun 1	3. S	
	s aft the ages rs af		Male Colored 5-14-1914 last birthday) YRS. MONTHS DAYS HOURS MIN.
•	24 haurs after death. d in by the funeral pers. Pages 1 and 2 22, hours after death.	7p.	STRINGLACE (State or Toreign 7b. CUTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Mc
	be executed within 24 haurs after death campletely filled in by the funeral ergmane carban papers. Pages 1 and 2 Hill any event, within 22 hours after death	10.	UNION TOWN OF DEATH - II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street ordress) 12b. KIND OF BUSINESS OR INDUSTRY
	mplete carb	13a. adm	USUAL RESIDENCE (Where Receosed lived, if institution: Residence before 13 CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STATE)
	exec any ca	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
		4	Seorge Golmson Reveceallashurgton
	The law requires that the death certificate be attending physician. has been signed by the attending physician are as the burial-transit permit. They please if the priar ta burial, crematian, ar remaval, and in		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service)
	le law requires that the death certificateding physician. as been signed by the attending phy as the burial-transit permit. Then priar to burial, crematian, ar remaya		18. CAUSE OF DEATH (Enter anly one couse per ling for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death ce attending permit. Thi	lei.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) July over T S Shart 1 0 mills
	ath perr ian,		DUE TO, OR AS A CONSEQUENCE OF
	the the most prompting the most prompting the transmitter that the trans		Canditions, if any, which gave rise to immediate cause (a), (b)
	The law requires that the attending physician. has been signed by the se as the burial-transit ith priar to burial, cremati		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	hysi gne urial urial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	ng p	z	2021
	The law ra attending has been se as the th priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The off	FE	YES NO CAUSES OF DEATH?
	ATTENDING PHYSICIAN: The stained by the haspital ar att CTOR: After this certificate ha shauld be detached far use ith the State Dept. af Health p	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19
	yING PHYSICI by the haspirt frer this certif be detached t State Dept. af	MED	21d INNIRY OCCURRED 121e PLACE OF INNIRY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.E.D. No
	this this deta		at work of work
	Stat Stat	100	220. I certify that (I) (this haspital) attended the decaysed fram 7, 19, 19, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
	R: / JR: / the	L	causes stoted above, (I) (we) (did) (did nat) view the body ofter deoth.
	retareta 3 showith		22b. SIGNATURE DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. 22c. DATE SIGNED
	DIR DIR	3	POL DELIVERATIVE
	SPITA 4 may iERAL or, po		NAME (Type) A T ALLEN 62 CATHEDKY ()
	Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	230	BURIAL, CREMATION, 23b. DATE CEMETERY OR CREMATORY 23d. LOGATION (City or Town) (County) (Stody)
	VR A15(4)	24,	FUNERAL DIRECTOR DODRESS 250. RECIGIRAR SIGNATURE
	30M REV. 1/68	1	Illiam seesetti filliam Date



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	200
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	399
HEALTH DEPT.		DECEASED-NAME First Middle Cost 20. DATE KNOWN Manth	Day Year 2b. HOUR
is ta	(1	(Type or Print) Robert W. Jones DEATH MATED 7	19 68 AN
	3. SI	DEATH MAYER	2d. HOUR
deloy 3	0. 5.	last birthday) MONTHS DAYS HOURS MIN. Month > Day	To Year CO 1
> 93 V	70	6 783.	1967 A M
Dep Deb		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farr farr		MIDOWED DIVOKCED 17 14 A	Mi
death e Pag with he Sta	10. 0		12b. KIND OF BUSINESS OR INDUSTRY
after death 8. Give Pages along with far with the State leath.	Z	DANERTH DEALER	FOULTRY
s after 18. Gi alang 2 with death.		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
N - 11 01	00	odmission) STATE MO 136 COUNTY A.A. CO RIVIERA BEAUTYES INO I 8565 BAY RO	SAD
haurs Item 1 Office I and 2 after c	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in Ith r's O r's O rs ad	763	CHARCES N. JONES CORA ELIZABETH E	CKERT
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANI ADDRESS	
	(Y	Yes, no, or unknown) (If yes give war or dates of service) 217-32-769 MRS DURIS A SONES ANNAPORIS	MD
be executed will perform in pending in pending in pending Exaginet Exaginet Exaginet Exaginet Performit File event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
executed and individual in Medical in permit.		PART I. DEATH WAS CAUSED BY:	BEDWEEN ONSET AND DEATH
be execut pending nief Medica nnsit permi	-	IMMEDIATE CAUSE (0) Children Comments	Hu 1
e e) pen ef M		Conditions, if ony, which gave	ten
d b d 'c Chie ran		rise to immediate cause (a), (b)	
should be execute e ward "pendifig" is the Chief Medical urial-transit permit in any event with	100	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne ward "per a the Chief I burial-transit		last. (c)	
nd = = = = = = = = = = = = = = = = = = =	100	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica ting irdec	×	4500	
wri wri rwc rwc	ATIC	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This certificate, writing be forward and be used a ar removal,	CERTIFICATION		YES NO
# _ 0	CER	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	em 1B.)
INER: The certification is should be files. 3 should bottom in a should in a	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
she oshing short	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
XAMINER: the the certified 4 shauld yaur files. Page 3 shou cremation,		WHILE AT WORK AT WORK office building, etc.)	
7 0 7		22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opiniar
ICAL E exect tor. Pa far CTOR: burial,		deoth resulted from: Natural causes 17, Accident 17, Suicide 17, Homicide 17, Undetermined manner	
se ecte ecte ine ine o b			
please e l'director retained or to bu		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATES	CICNED
		MD. ASSISTANT MEDICAL EXAMINER	S ~ C P
		EXAMINER'S NAME (Type) F. Linhma C. Address (Street, city, town, or county) DEPUTY MEDICAL EXAMINER (A) ADDRESS (Street, city, town, or county)	1 101
o DEPUT necessary, the funera 5 may be 0 FUNERA Health p.			A CO.
07 a # 20 F	230		(County) (Stote)
N	01	DURIAL 1/2468 LOUDON TARK CENT MACTIMONE,	IND
VO ATENE (E)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REC'D BY REC'D BY REC'D BY REC'D BY REGISTRAR 250. REC'D BY REC'D BY REC'D BY REC'D BY REGISTR	
VR A15ME (5) 10M REV. 1/68		JOHN F. DENNY, INC. 715 LIGHT ST ML 23 1968 Scharle	o Jordan

MARYLAND STATE DEPARTMENT OF HEALTH

dig purpus and the services in the House and to home. 13000 The first of the control of the cont and the second of the second second of the second s THE RESERVE OF THE RESERVE THE PARTY OF THE 4 4 5 5 5 80 80 1 W.

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09400 CERTIFICATE OF DEATH First Middle Last 1. DECEASED-NAME a 20. DATE OF DEATH 2b. HOUR A July y (Type or print) **JONES** 1988 William 6:25 M Edward date remove carban papers. Pages I and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR in by the Pages last birthday) DAYS HOURS Male White Sept. 15, 1891 requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED cauntry) WIDOWED | DIVORCED Anne Arundel Marvland and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address)
Anne Arundel Gen. Hosp. during most of working life, even if retired.) Annapelis INWER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Arundel Maryland YES X NO 819 Boucher Ave. Annapolis 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give wor or dates of service) Yes, no, prunknown) burial, crematian, ar removet, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) CINOMA OF F. SOPHAGUS burial-transit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO . YES directar, page 3 should be detached far use shauld be filed with the State Dept. of Health FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1964, 1964, ta 72 (24), 1968, that (II) (we) last saw the deceased alive on 2 (24), 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) (we) (did taid nat) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) Edward S. Franklin St., Annapolis, Beck. M. D. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 0 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1968 30M REV.

consider the party of the party of the contract of the attimeter. CONTRACTOR OF THE PROPERTY OF

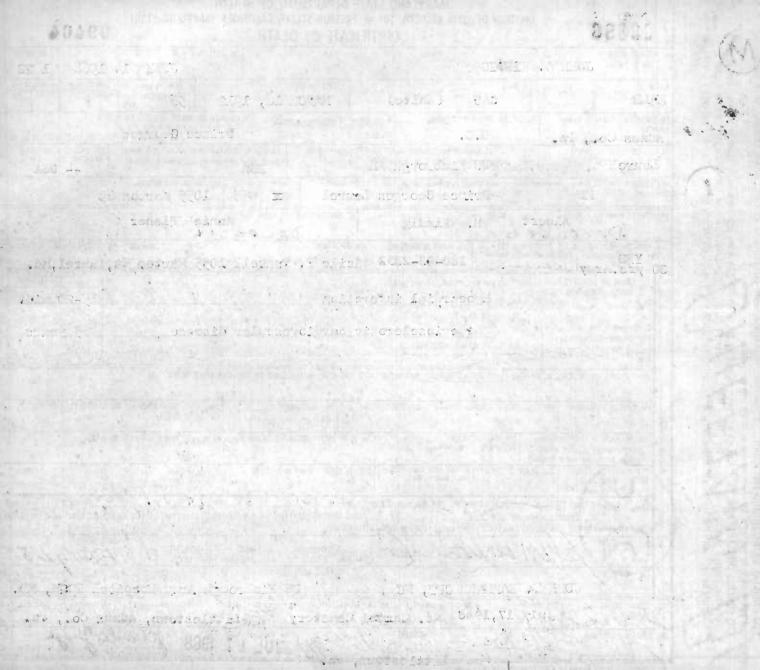
// • 1	MARYLAND STATE DEPA	
	19393 CERTIFICATE	
¥2- ¥	ED-NAME First Middle La	
after death.	or print) BEATRICE KATCEF	July 11 1968 M
Ter fur	4. RACE S. DAT	E OF BIRTH 6. AGE (In years IF UNDER 14 F UNDER 24 HRS. last birthday) MONTHS DAYS HOURS MIN.
	Cemale white	Oct. 11, 1918 49 YRS. MONTHS DATS HOURS
100	APLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🛣 NEV	/ER MARRIED 9. COUNTY OF DEATH
d in din 727	Maryland USA WIDOWED	DIVORCED Anne Arundel Md.
PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours be hospital or ottending physician. This certificate has been signed by the ottending physician and completely filled in this certificate has been signed by the ottending physician and completely filled in the stocked for use as the burial-transit permit. Then please remove carbon popels. Paget, of Health priar to burial, cremotian, or removal, and in any event, within 72 hours.	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in ho give street oddress) 1200 Poplar St.	spitol 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY NOU SE WITE OWN hone
mplete e cark	AL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13b. COUNTY	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
execution com remove a gany ev	Maryland Anne Anundel Annapoli Er'S NAME First Middle Lost IS. MOTH	S POLY NOW 1200 Poplar Ave.
and rem in an	Abram Berman	
sicion of phase	S DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORM.	Anna Weinstein Address
7	o, or unknown) (If yes give war or dates of service) (INKnown Leon	Katcef - same as #13 above
Tale 1	CAUSE OF DEATH (Enter anly one cause per ling far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
equires may me agoin cerni physician. signed by the ottending phy burial-transit permit. Then burial, cremotian, or remaye	PART I, DEATH WAS CAUSED BY:	Stympich 3
der ermi n, o	15/9 IMMEDIATE CAUSE (o)	
the of the office of the offic	ditions, if any, which gove)	in on Moses
n. ny tl ans ans em	to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
ottending physician, has been signed by se as the burial-tra th priar to burial, cre	(c)	
igne	RT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
frore has been s for use as the t f Health priar to b	5 / X	
riar	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200	a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
4 2	5/28/68 G.I. Xestress	YES NO CAUSES OF DEATH?
eall		JRY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
of H	DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year pither, notify medical examiner) P.M. 19	
pt.	INTERPORT INTERPORT OF INTERPOR	Street ar R.F.D. No. City or Town County State
De l	ile Office Building, Etc.	
tote		23 , 1968, to 7/11 , 1968, that (1) (we) last
he S	sow the deceased olive an 7/10/1968, and that	in (my) (our) opinion deoth occurred on the date and haur and from the
+	causes stored abave, (j) (we) (did) (did nat) view the body after death.	22c. DATE SIGNED
× ×	AA DA AA A	ITTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.
tile d		2e. ADDRESS
should be filed with the Stote Dept. of	NAME (Type) M, F. KLAWAWS, MD	31SOUTHGATE (TVE
	RIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION (City or Town) (County) (State)
Y	MOVAL(Specify) Jul. 12,1968 Kneseth Israel	Cemetery Annapolis A.A. Md.
May	ERAL BURECTOR E. Hopping ADDRESS (Language)	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
1/80	ING FUNERAL HOME - Annapolis Md.	DATE UL 16 1968 Schools Jusque

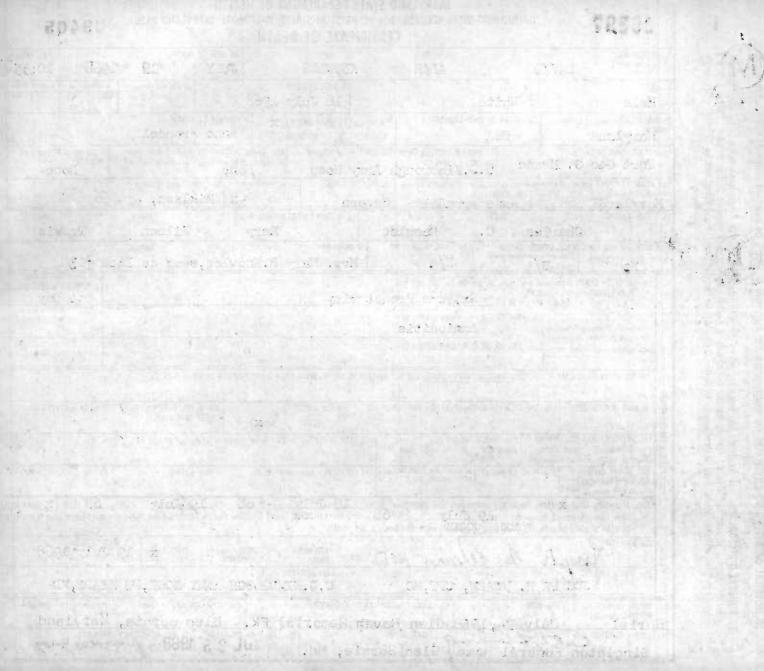
n l come de division d	OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09402
1. DECEASED-NAME First	CERTIFICATE OF DEATH Adddle Last 2a. DATE OF DEATH 2b. HOUR
1. DELEASED-NAME (Type or print) George 3. SEX 14 AACE	B. ReesTer July 13 1968 AM
3. SEX Male 4. RACE U	S. DATE OF BIRTH -6-1887 6. AGE (in years 15 UNGER 1 YEAR 15 UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 17 UNDER 24 HRS. 18
70. SIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF	WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED HAVE Arundel Md.
ithin 24 Hilling 40 Huna Dolls	1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital left the standards) / S / Or SING / Honor during hoost of working it extract.) 12b. KIND OF BUSINESS OR INDUSTRY A VY
3. SEX 2. CHNEKAL DIRECTOR. 2. SILLIFLANDING PATTERN DIRECTOR. 3. SEX 3. SEX 4. SACE 4. SACE 4. SACE 4. SACE 7. BIRTHPLACE (Stote or foreign cauntry) 7. CITY OR TOWN OF DEATH 11. DEATH 12. OLD OR TOWN OF DEATH 13. USUAL RESIDENCE (Where deceosed lived, is first odmission) state 13. STATE 13. USUAL RESIDENCE (Where deceosed lived, is first odmission) state 14. FATHERS NAME 15. CITY OR TOWN OF DEATH 16. CITY OR TOWN OF DEATH 17. CITY OR TOWN OF DEATH 18. CAUSE OF DEATH (Enter only one cause per part 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per part 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per part 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per part 1. DEATH WAS CAUSED BY: 19. CONTRIBUTING (If without of the part of the p	
14. FATHER'S NAME First Middle	e Lost IS. MOTHER'S MAIDEN NAME, First Middle Lost
16a. WAS PECEASED EVER IN U.S. ARMED FORCES? Yes, My Supernown) (If yes gay years dottes a service)	16b. SOCIAL SECURITY NO. 17. INFORMANT Address MARY ELLEN KEESTEP # 13
18. CAUSE OF DEATH (Enter only one cause pe	APPENINATE INTERVAL
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, Co Conditions, if ony, which gave)	DR AS A CONSEQUENCE OF TENANCE OF THE PROPERTY HEAD OF THE MEDITAL STATES AND ASSESSED AS A CONSEQUENCE OF THE PROPERTY HEAD OF THE PROPERTY AND ASSESSED AS A CONSEQUENCE OF THE PROPERTY AS A CO
Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause (b). DUE TO, to but to the underlying cause (c) and the underlying cause (c).	OR AS A CONSEQUENCE OF
stating the underlying couse DUE TO, 0 Stating the underlying couse DUE TO, 0 last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law of the prior of the pri	WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 19b. CONDITION FOR	YES NO DE CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME □ OR CONTRIBUTING CAUSE OF DEATH HOUR A. (If either, notify medical examiner) 21d. INIURY OFCURRED. Tale. PLACE OF INIUR	E OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) M. Month Doy Year M. 19
O HOSPITAL OR ATTENDING PHYSICIAN. O HOSPITAL OR ATTENDING PHYSICIAN. O FUNERAL DIRECTOR. O House of a moy be retained by the long or ontending physicion. O FUNERAL DIRECTOR. O FUNERAL DIRECTOR. I bound by the hospital or or other properties of the burial-train of the principle of the pri	RY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Town Caunty State
22a. I certify that (I) (this hospital) of saw the deceased alive	7 - 7 19 (S. apothat in/my) (sur) opinion death accurred an the date and have and from the
causes stated above, (1) (we) (stated above, (1) (we) (stated above, (22b. SIGNATURE	ign (did not) view the bady after death. 22c. DATE SIGNED
TE POR STAND 22d. PHYSICIAN'S 1/M D CA	Phune Disker Phys. MED. DIRECTOR STAFF 7-13-68
23d. BURIAL, CREMATION, 23b. DATE PROMOTE PROM	ephens 220. ADDRESS Cornhill St. Annapolis, MJ.
2 2 110	23c_NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Dupy) (State)
24. FUNERAL DIRECTOR.	ADDRESS I 250, RECID BY REGISTRAR Sob. REGISTRARS SIGNATURE

KII) VIAIL INDUADIRALKII (IL

502CU George B - Keeste T - Tily 18-184 - 45 283-2-1-1 = 7-4 41 = 7-4 41 = 1 = 1 = 1 M Land Harris of Linasporis - The Completion of the State of May a stress of the policy of and the state of t AND THE PERSON NAMED IN THE PERSON OF THE PE Lite Mangally 18 M. Lara Section Consider Transfer of Marie State August Miller Miller Marie State August State Augu A STATE SHOW IN LIFE TO SEE THE STATE OF THE

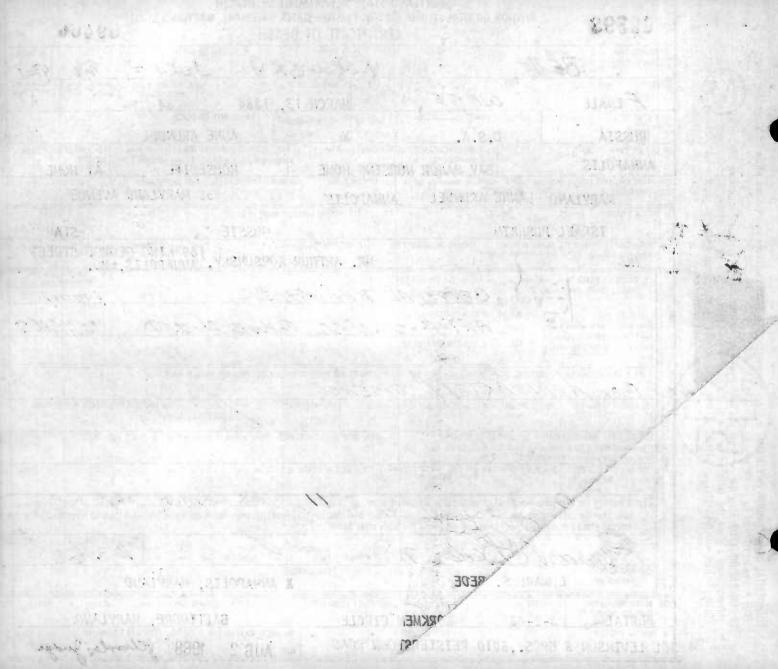
A	1		DIVISION OF VIT			TON STREET, BALT		IAND 21201		
		09395				E OF DEATH		0	9403	
eral and 2 leath.		CEASED-NAME First (Ype or print) CHARI	ES	Middle WARREN		Lost RHOUSE, JR.	2a. DATE OF DE	ATH Day	Yeor 68	26. HOUR
e executed within 24 hours after death. and campletely filled in by the funeral remove carban papers. Pages 1 and 2 in any event, with the court death.	3. 5	X MA LE	4. RACE	ASIAN	5.	DATE OF BIRTH 19 SEPT 67		AGE (In years	IF UNDER I YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
4 hours	70. cou	BIRTHPLACE (State or foreign htry)	76. CITIZEN OF WHAT C	1 "		NEVER MARRIED DIVORCED	9. COUNTY OF DE	ATH		Md.
within 24 filled and pape	1/	War Archis	11. NAME (give street	oddress)	10N (If not in	haspital 12a. USU/ during m	AL OCCUPATION (Ki ost of working life	ind af work done e, even if retired.)	12b. KIND OF B INDUSTRY	
executed with and campletely f remove carban any event with	130.	USUAL RESIDENCE (Where deceosission) STATE D.	ed lived, if institution: 13b. COUNTY	Residence before 13c.	DARK	YES NO	MITS? 13e. STREE	T AND NUMBER B	ox 3	6
eath certificate be exemined and comit. Then please remo	14.	ATHER'S NAME FIRST CHARLES	Middle K	ELLERHOU		OTHER'S MAIDEN NAME F	irst /	Middle	Stow	Lost
hysician n please		was deceased ever in U.S. ARA es, no, or unknown) (If yes give w	AED FORCES? ror or dates of service)	SOCIAL SECURITY NO.	17. INFO	HARREN A	KELLERY	HOUSE SE		3
he death certifi s affending physical permit. Then		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIA	ly one couse per line for	(o), (b), ond (c).)					APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
the deatl ne attendi t permit. atian, ar r		Conditions, if only, which gave	DUE TO, OR AS A							
equires that the d physician. signed by the atte burial-transit perr burial, crematian,		nse to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF		N 1				
requires to physicia in signed to burial-trico burial, con burial,	-	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO TH	E TERMINAL DISEASE OR C	ONDITION GIVEN IN	N PART 1(a)		
the law attendir has bee as the priart	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFOR	MED	20a. AUTOPSY? YES NO	CALISES OF	S, WERE FINDINGS CO F DEATH?	NSIDERED IN CE	RTIFYING
CIAN: 1 ital ar hificate d far us of Healt	MEDICAL CER	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT Off either, natify medical examin	H HOUR A.M. Me	IRY Inth Day Year	21c. HOW	NJURY OCCURRED (Ente	r nature of injury i	n Part 1 ar Part 2, 1t	em 18.)	
PHYSI he hosp this cer letached Dept. c		21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HO	OME, FARM, STREET, FACTORY, E BUILDING, ETC.	21f. LOCAT	ION Street ar R.F.D. Na	. City ar	Tawn	Caunty	State
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. The shauld be filed with the State Dept. af Health priar to burial, crematian, ar remo		22o. I certify that (I) (the saw the deceased a couses stated above	live an	19	and th	ot in (my) (our) oni	, to nion death occ	urred on the dat	, that e and hour c	(I) (we) lost and from the
RECTORING Sharth the shart the s		22b. SIGNATURE	e, (i) (we) (aid) (aid	nor) view me body	DEGREE	ATTENDING N	NED. SIRECTOR S		ATE SIGNED JULY 68	R
MAY be may be RAL DI		22d. PHYSICIAN'S NAME (Type) R	. STONE, LO	CDR MC USN	DEOREE	22e. ADDRESS	ANNAPOL	1113		
O'HOSI Page 4 O FUNE directal shauld	230	BURIAL, CREMATION, 23b.	DATE -15-68	23c. NAME OF CEME	TERY OR CRE	MATORY EMT.	23dy LOCATION ((City or Town)	49 (J)	(State)
VR A (5)(4) 30M REV. 1768	24	FUNERAL DIRECTOR Los Par	Sons C	mosols	md		Y REGISTRAR 1 6 1968	25b. REGISTRAR'S S		J.
11d 11849)	B-/-								77 4	

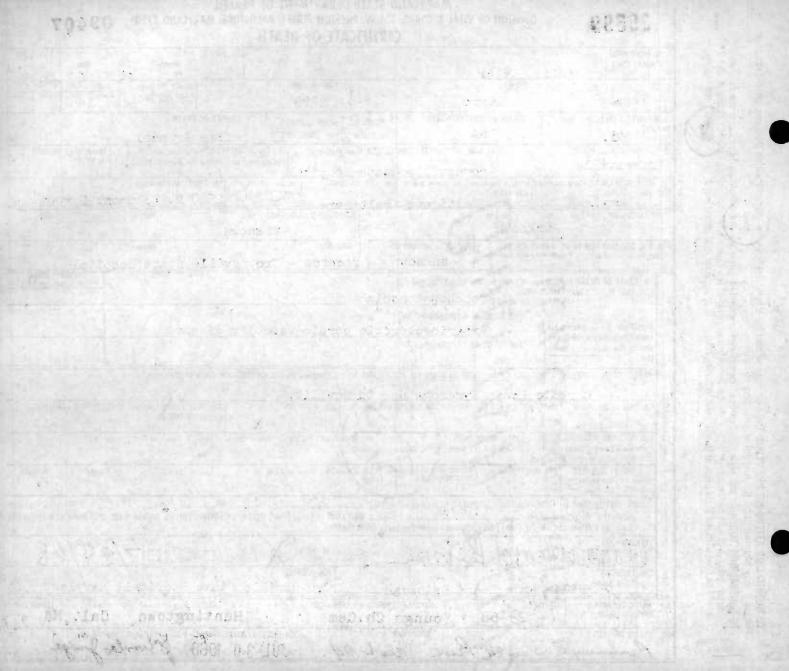




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09398 09406 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR First requires that the death certificate be executed within 24 haurs after death (Type ar print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE In years IF LINCER 1 YEAR lost birthday) HOURS WHITE EMALE MARCH 84 YRS 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) RUSSIA completely filled in remove carban papers. WIDOWED Y DIVORCED ANNE ARUNDEL Adny event, within 72 12o. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
BAY MANOR NURSING HOME during most of working life, even if retired.) **INDUSTRY** ANNAPOLIS HOUSEWIFE AT HOME 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER ANNE ARUNDEL 38 MARYLAND AVENUE NO C ANNAPOLIS 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost ISRAEL PUSHKIN GUSSIE STAM 169 KINGE STREET ANNAPOLIS, MD. APPROXIMATE INTERVAL 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prunknawn) burial, crematian, or removal, MR. ARTHUR KORSUNSKY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? ar use as CAUSES OF DEATH? YES 🔲 NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING THE CAUSE OF OEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from 1968, ta 31 July 1968, that (1) (we) last saw the deceased alive on 1968, and that in (my) (our) opinion death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave (1) (we) (did) (did not view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d PHYSICIAN EDWARD S. BEDE NAME (Type) X ANNAPOLIS. MARYLAND 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (Caunty) 8-2-68 BALTIMORE. MARYLAND WORKMEN CIRCLE 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR \$OL LEVINSON & BROS. 6010 REISTERSTOWN ROAD DATE AUG 2 1968

MARYLAND STATE DEPARTMENT OF HEALTH



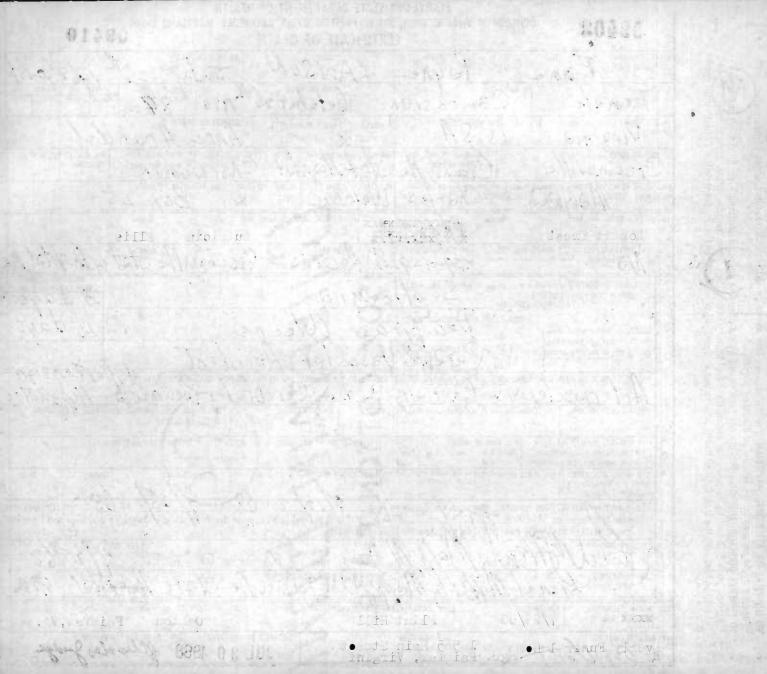


			STATE DEPARTMENT OF		
, 1	09400	DIVISION OF VITAL RECORDS,	BRTIFICATE OF DEATH	TIMORE, MARYLAND 2120	09408
death.	(Tune or print)	rst Middle liam Peter	Last LAUN	2a. DATE OF DEATH July Month 2	6, 1968 10:00
東	3. SEX male	4. RACE white	S. DATE OF BIRTH Sept. 1, 188	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	YRS.
53	New Jersey 10. CITY OR TOWN OF DEATH Annapolis	USA 11. NAME OF HOSPITAL OR INS give street address) Anne Arund el		Anne Arundel UAL OCCUPATION (Kind of work d most of working life, even if retir Linotype operato;	ane 12b, KIND OF BUSINESS OR
Condition of Second	admission) STATE aryland	eased lived, if institution: Residence before 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY Crownsville YES 1	IMITS? 13e. STREET AND NUMBER Rt 2 Box 5.	R 13
1	14. FATHER'S NAME First John	Middle Last Laun	IS. MOTHER'S MAIDEN NAME	First Midd	le Last
	16g. WAS DECEASED EVER IN U.S.		O. 17. INFORMANT	4909 Edmondado	s Ave.,
	PART I. DEATH WAS CAU	DUE TO, OR AS A CONSEQUENCE OF (b) 1. Penal (c) DUE TO, OR AS A CONSEQUENCE OF (c) CONC. NO	Uninary tract obstruction una of lear tractated to the ferminal disease of	in fection CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I day 1/2 Year 1 year
2	190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY? YES NO L	CAUSES OF DEATHS	NGS CONSIDERED IN CERTIFYING
	☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical exc	DEATH HOUR A.M. Manth Day Year miner) P.M. 19		ter nature af injury in Part 1 ar Pa	
	While Nat while at wark	18. PLACE OF INJURY (AT HOME, FARM, STREET, FACT	1 -4-	1-40	County State
	say the deceased courses stated about	(this hospital) attended the deceose olive on 1000 (did not) view the b	d from 1945, 1946, ond that in (my) (our) of ody ofter death.	pinion death occurred on th	, 19 (1) (we) lo re dote and hour and from the
	22d. PHYSICIAN'S	Verkound M	DEGREE ATTENDING PHYS.	MED. DIRECTOR PHYS.	7/26/68
1	NAME (Type)	eter F. Verkouw, M.		Forest Drive,A	nnapolis, Md.
R	Burial (Specify)	Jul. 29 1968 Our Lad	EMETERY OR CREMATORY y of the Fields	23d. LOCATION (City or Town)	(Caunty) (State)
(4) (8)	24. FUNDAL PIRECTOR E. I	Hopping Sully ADDRESS		BY REGISTRAR 255. REGIST	RAR'S SIGNATURE

80880 PARES NAMES (NAMES)				*C. xC.
:of Seel .62 wint		Perer	on Itte	
. druga lebroth don't ne such de de de de de de de				
		w majeweets	The bear	
war H				
	of the said	43-11-11-1		
et a feet our	rices the	UL Wida		
ins to the		Januar 1984		
1942	a property	ann Suell		
		J-Missier	Alest Pri	The Inc
7 29 27 79				
Uny Fores Orly Oxforegolis, Pd.				
	ere a per ga			

1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 094	109
HEALTH DEPT.			oy Year 2b. HOUR
S 5 00 0		LOIDS / 114 LAWRENCE DEATH MATED 7 /	7 695 PM
delay and 3	3. S	4. RACE S. DATE OF BIRTH 6. AGE 19 years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTH 7 DOY 17	Yeor 68 2d. HOUR
form Properties Deposite Deposite	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DANC ARCONYLL GOS	weed. Md.
offer deoth or S. Give Pages 1, 2 olong with form with the State Depleath.			2b. KIND OF BUSINESS OR IDUSTRY
s ofter deoth 18. Give Pagg 19. Olong with 2 with the Sta death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN, Individual CITY LIMITS? 13e. STREET AND NUMBER of the state of the sta	4
hour Item Offlice	14. f	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST Middle MORRIS HUSBAND BERTHA PERRYMAN	Lost
hould be executed within 24 word "pending" in pendi in the Chief Medical Examiner's riol-transit permit. File pages in ony event within 72 hours on		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. > 17. INFORMANT ADDRESS	ANNAPOLIS, MI
Example File			APPROXIMATE INTERVAL
xecuted nding" in Medical E permit. F		18. CAUSE OF DEATH (Enter only one couse per lim to (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: JAMAEDIA CAUSE (c) JAMA	BETWEEN ONSET AND DEATH
e execut pending ef Medic sit perm		14299 DUE TO, OR AS A CONSEQUENCE OF	landen
be ex "pend nief Me unsit pu		(onditions, if ony, which gove)	
vord 'vord' ne Chi		nse to immediate couse (a), (b)	
This certificate should be executed cate, writing the word "pending" in be forwarded to the Chief Medical E be used as a buriol-transit permit. For removal, and in any event within the category.		lost.	
s certificate signature si		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate icate, writing the be forwarded to do be used as a borr removal, and	-	4344	
certification or war used used mova	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his cate, the form of the cate, the form of the use for the use form of the use for the us	TIFIC	WAS PERFORMED?	YES NO
生 平 平 。	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item P.M. 19	18.)
EXAMINER: cute the certi oge 4 shauld r your files. Poge 3 should!, crematian,	MEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WORK AT WORK	County Stote
2017		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
ICAL E exect for. Po ed for CTOR: burial,	3	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
pleose I direct retoine DIRECT TO PIRECT TO PI	4	CHIEF MEDICAL EXAMINER	
y, ple eral di se reto RAL DI prior		ACTUAL CASE CONTRACTOR OF THE SUIT OF THE	GNED ~/
EPUTY SSSORY, F funeral oy be r JNERAL Ith pric		EXAMINER'S SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ZZO. DATE SIN DEPUTY MEDICAL EXAMINER ZZO. DATE SIN	68.
o DEPUTY necessory, the funero 5 moy be o FUNERA Health pr		NAME (Type) F- Line hands. ADDRESS(Street, city, town, or county)	
TO DEPU necesso the fun 5 moy TO FUNE Health	230 B	D. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (Stote)
(A)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15ME (5) 10M REV. 1/68	17	TARDESTY FUNERAL HOME ANNAPOLIS, Med DATEJUL 2 2 1968 goliane	as Judge
			11 11

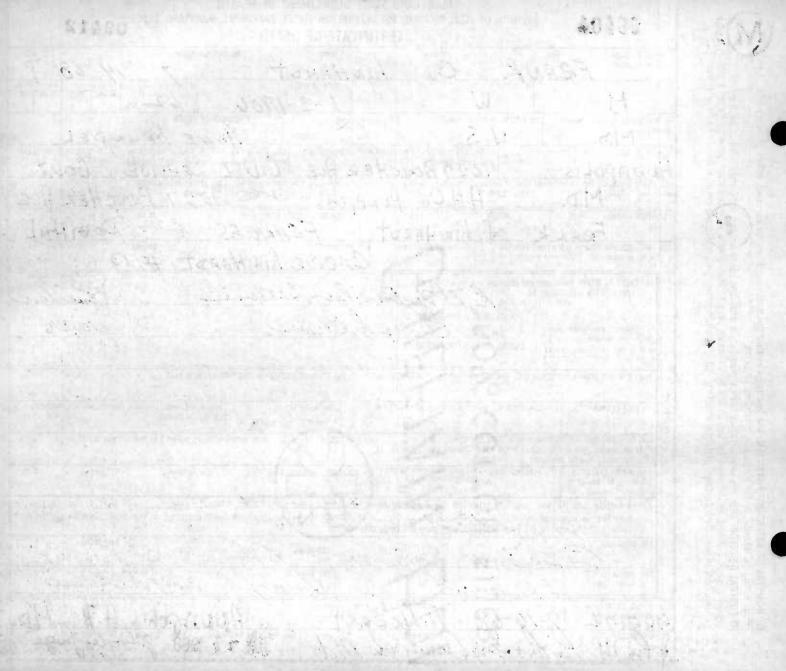
2	1	MAKILAND STATE DEPARTMENT OF HEALTH
330000000000000000000000000000000000000		ON A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
h. 2		CEASED-NAME First / Middle Lost 2 / 20. DATE OF DEATH 2b. HOUR
death death	(1	ype or print) LIMA 2 124/12 LAWSON. July Month 250/8 10.15/M
/ /	3. SE	
a di se		Female Caucasian. October 86 1880 lost grip YRS. MONTHS DAYS HOURS MIN.
haur in by ers. P	7a. 1	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 i ed i per i 772		"VITAINED WIDOWED & DIVORCED HAME Hrander Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the State This certificate has been signed by the attending physician and campletely filled in by the State Dept. as the burial-transit permit. Then please remave carbon papers. Poper ed with the State Dept. at Health priar to burial, crematian, ar remarkand in any event, within 72 haurs.	10.	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If nor in hospital 120. USUAL OCCUPATION (Kind of work dane we street address) 12 dering nost of working life, eyen is retired.) 12 dering nost of working life, eyen is retired.)
d w letel carbo	13a.	USUAL RESIDENCE Where deceased lived, if institution residence before 13s. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ecute tamp ave		ssion) STATE// 24/26 13b. COUNTY Charles Welcome YES NOW BOX 25
e exc and c	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
in bin and in	1/4	Robert Treat WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 17. 0FORMANT / Address
abysicion ples	100. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, pr. franknown) (If yes give wor or dates of service) 529-01-9201 Records - Crowns Wile Total Address
e et		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (b).) APPROXIMATE INTERVAL BETWEEN OIGHT AND GEATH
# 15 a		PART I. DEATH WAS CAUSED BY: MMEDIATE (AUSE (a) PI C M A C C C
atendin permit ian, ar re		436 9 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE/OF
it the a the a ssit pe	15	Canditions, if any, which gave) 15 days
y th y th insi		rise to immediate cause (a), (b)
N. The law requires that the or attending physician. The has been signed by the ruse as the burial-transit pealth priar to burial, aremating all the priar to burial, aremating the prior to burial, aremating the prior to burial.		stating the underlying cause lost. 3.3 / X (c) Repro Cascular Accident
phy: phy: sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN TOPART 1(0)
ing ing sen the	NO	HATRIOSCIEROSIS-GENERALISED END CEREDIOI, MEUMONIS-HYDISTATIC
tend tend s be as t orian	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED № CERTIFYING CAUSES OF DEATH?
at the set of the set	RTIF	YES NO NO
AN: al olicate far Hea		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DOR CONTRIBUTING CAUSE OF DEATH AMONTH Day Year
SICI Spite ertiff ed t	MEDICAL	(If either, natify medical examiner) P.M. 19
ho ho ach ach bept	2	21d. INJURY OCCURRED While Not while of work of the wo
te D		
by be Sta		22a. I certify that (I) (this haspital) attended the deceased from, 19 0 8, ta, 19 0 8, that (I) (we) last
R. Ped		saw the deceased alive an
AT AT Short with the state of t		226 SIGNAPURE 1 1 22c DATE SIGNED
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certific je 3 should be detached fail je 4 should be betached fail je 5 should be detached fail	1	WARD THE MAN 1944 HIX) DEGREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR DIR
ral ral page e file	1	22de PHYSICIAN'S NAME (Type) Property Money Mone
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permits should be filed with the State Dept. af Health priar to burial, cremation, ar respectively.		Total International Company of the Machine
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 7/29/68 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City or Town) (County) (State) Pairfax, VA.
		FUNERAL DIRECTOR VERY Funeral Home 10565 Main Street 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE.
VR A15 (4) 30M REV. 1/68	L I	verty Fungral Home 10565 Main Street Ngr. Fairfax, Virginia DATE JUL 30 1968 Clearles July



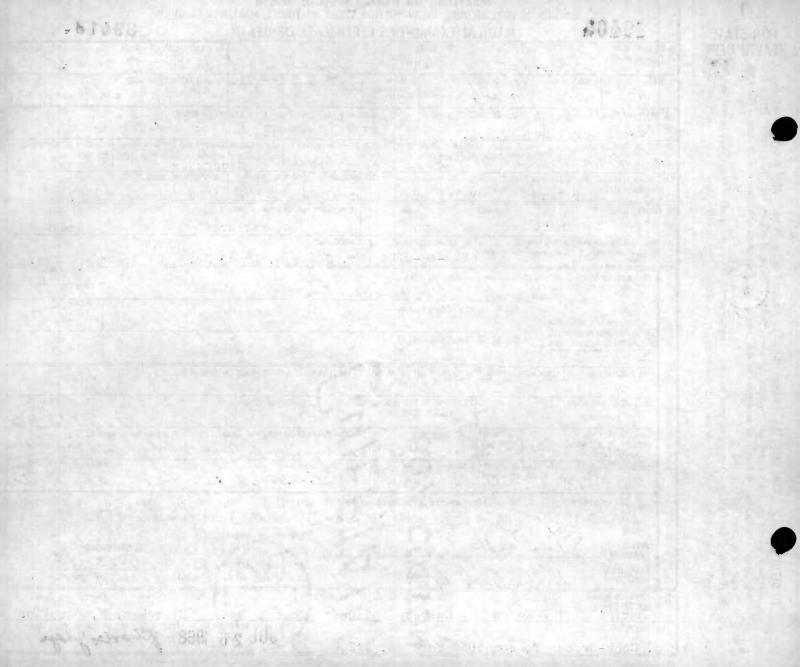
V 1	1		DIVISION OF VITAL RECORDS,	301 W. PRESTON ST			
7.	-	09403		ERTIFICATE OF		2,100	09411
4 _ 2 년		ECEASED-NAME First	Middle	Last	2a.	DATE OF DEATH	2b. HOURP
death.	(Tda.		LEVIN		July 11 Poy	1968 7:40 M
fun l o l o	3. S		4. RACE	S. DATE OF B	IRTH	A AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
affer the fur ges 1		Female	White	Februa		ast hirthday)	MONTHS DAYS HOURS MIN.
and a sum			7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		JNTY OF DEATH	
d in error	cou	Russia	U.S.		455	nne Arandel	Md.
ii E GE	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If nat in haspital	12a. USUAL OCC	UPATION (Kind of work done	12b. KIND OF BUSINESS OR
報 資東 33		Annapolis	give street address) Anne Arundel	Gen. Hospita	al during most of	warking life, even if retired.)	At Home
B 250	13a.	USUAL RESIDENCE (Where decease issian) STATE	ed lived, if institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
com com	duit	Maryland	Anne Arundel	Annapolis	YES NO	38 Maryland	Ave.,
and cremin only	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S M	AIDEN NAME First	Middle	Lost
be n al			l Pushkin		sie Stam		72.50
cote sicio oleo , an		(If yes give wo	ar or dates of service)			Address	
phy en oval			No		in Pushkin	2022 Park A	APPROXIMATE INTERVAL
h certif ing phy Then emova		1B. CAUSE OF DEATH (Enter onl	γ one cause per line far (a), (b), ond (c).		_		BETWEEN ONSET AND DEATH
e death ottendii oermit.		PART I. DEATH WAS CAUSED		YTHROM.	BOSKS		1 DAY
he off per ion,		4107	DUE TO, OR AS A CONSEQUENCE OF	1-0 -1	16-nor	Deres	1.11.11
ot the the nsit p		Conditions, if ony, which gove) rise to immediate cause (o),	(b) 4R/EK/05	CLEROIJE,	MEHEL	DISEASE	UNIXION
equires the physician. signed by buriol-tror burial, crei		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
nysic nysic nol- riol- rial,		last.	(t)	AT DELETED TO THE TENAME	I DISSESS OF COMPLET	00.0050.00.005.1/1	
g ph g ph sic bu		PAKT Z. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINA	IL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
low rending been so the ior to	NO	19g. DATE OF OPERATION 19b. 0	ONDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTO	DCV2	20b. IF YES, WERE FINDINGS C	ONSIDEDED IN CEDTIEVING
The lotter has see os h pri	CERTIFICATION		The state of the s	YES X		CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
or o	CERT	21o. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY			e af injury in Part 1 ar Part 2,	Item 18.1
YSICIAN: ospital or certificate hed for us	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year				
IYSI nosp cert ched pt. o	MED	214 INTURY OCCUPPED 21a	PLACE OF INJURY (AT HOME, FARM, STREET, FAC		et or R.F.D. Na.	City or Tawn	Caunty Stote
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and should be detached for use as the burial, cremation, or removal, and in any event, within 72 mers after death with the State Dept. of Health prior to burial, cremation, or removal, and in any event.		While Nat while at wark of wark	COPPLE BUILDING, ETC.				
ing by t ffer be o		22a. I certify that (I) (thi	s hospitol) ottended the decease	d from 7/1	1968	to 7/11 , 19	, that (we) lost
R: A		saw the deceased al	(i) (we) (did) (did not) view the	and that in m	(aur) apinian	death accurred on the do	ite and haur and fram the
Sho shoirth	н	22b. SIGNATURE				22c.	DATE SIGNED
OR OR JAN Sed w		Louis	sh Sheep	DEGREE PHYS.	NG MED.	R STAFF PHYS.	7/12/68
A PAL		228 PHYSICIAN'S		22e. ADD			11/0
ERA d be		NAME (Type) Edward	S. Beck, M.D.	73 I		it., Annapolis	Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execute Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and comp director, page 3 should be detached for use as the burial-transit permit. Then please remove should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any events.	230	BURIAL, CREMATION, 23b. D	PATE 23c. NAME OF	CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
2225		REMOVAL (Specify) BUILDE 7/		en Circle	E	Baltimore, Mari	yland
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY REGI	STRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV. 1/68	3	or revension & B	ros. 6010 Reisters	town Road	JAUL 15	1968 Johnson	o Judge

11360			9 13
			7
	TRUE OF THE REAL PROPERTY.	805.76	e.(
7.01.00	at wards		S. Carry
			Sent Hills
	August State	ninthay 52	
Little Agence Little	in. Trein Parez III	ri	
	of Lancks May	THE RESERVE OF THE PARTY OF THE	
		. G Jose . e b	
	es deservation of the factors of the		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39404 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF OEATH 2b. HOUR Impletely filled in by the funerol of the carbon papers. Pages 1 and 2 event, within 72 hours after death (Type or print) executed within 24 hours after deat FRAL 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF HINDER 24 HRS last birthday) DAYS MONTHS - YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) DIVORCED WIDOWED 120. USUAL OCCUPATION (Kind of work done 10 LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND, OF BUSINESS OR 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicfon and director, page 3 should be detached for use os the burial-tronsit permit. Then please remanded to the should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and to any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost requires that the death certificate be 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na. ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while ot wark saw the deceased alive an_ , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 7-14-68 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or 23o. BURIAL, CREMATION, 23b. DATE

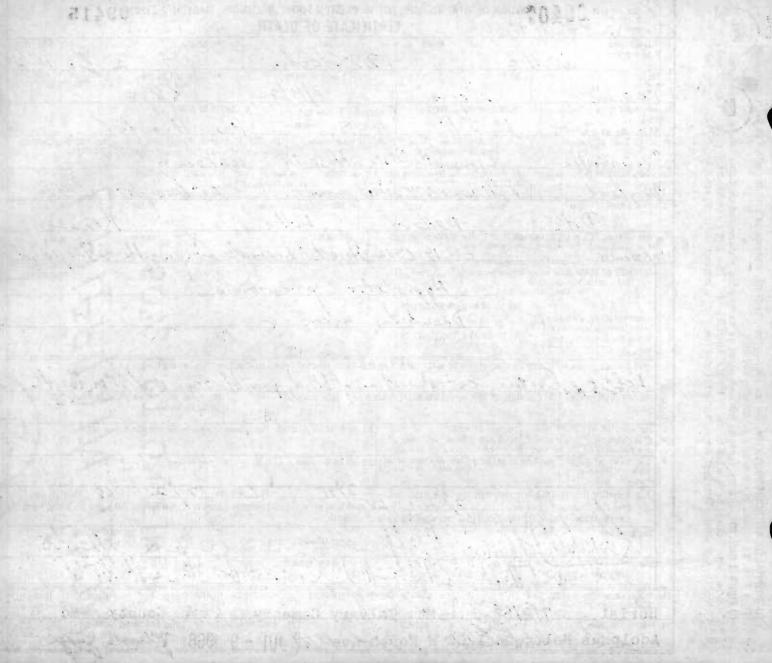


10-1	1	r	IVISION OF \				RTMENT O			ND 2120	1			
FOR STATE		19485		MEDICAL						1110 2120		094	13	
HEALTH DEPT.		DECEASED-NAME	First	HEDICAL	Middle		Last	,		2a. DATE KN	NOWN	Aonth Day		2b. HOUR
oy is 3 to Poge		(Type or Print)	ACGARO	+	Evans		LyN	ch	1-1	OF E	ESTI-	7 29	3 165	PM
del nd 3.	3.	SEX = 4. RACI		ATE OF BIRTH	ic	GE (In years s) birthday) 50 YRS	MONTHS DAY	R IF UNDER	24 HRS.	2c. DATE PRO Manth	NOUNCED DI		Year 65	2d. HOUR
- N		BIRTHPLACE (Stote or fore		ZEN OF WHAT CO	UNTRY?		RRIED NEVER	MARRIED [TY OF DEAT				
es l form form	COL	North Car	olina	U.S.A.	E1557			IVORCED	1		wdel			Md
hours after deoth tem 18. Give Pages 1, Office along with form 1 and 2 with the State De ofter deoth.	9	Annepelis		give street of	oddress)	ARU	(If not in hospi	during	most of v Sec	working life retar	nd af work , even if reti Y	red.) INDI	KIND OF BUSII USTRY	NESS OR
s after 18. Give along 2 with the deoth.		n. USUAL RESIDENCE (Whe admission) STATE Mar	re deceased lived yland ^{13b.}	d, if institution: COUNTY Bal	Residence befo		or town xton	13d, INSIDE CITY I	2247		Roland		Ave	
hours Item 1 Office Iond 2	14.		rst	Middle	las		15. MOTHER'S A	MAIDEN NAME	First	9,000	Middle		Lost	
24 H in H in H is 0 is 1 is 1 is 0	L		rnett		Dunn			Ma	argar	et	(T) (8)		Brown	1
within 24 hours pencil in Item xominer's Office ile pages 1 and 2 72 hours ofter of		. WAS DECEASED EVER IN U. Yes, no. ar unknown)	6. ARMED FORCES? (If yes give war or date	e of conical	SOCIAL SECURITY 14-18-9		7. INFORMANT Mr. Jam	es M. 1	Lvnch	Jr.	ADDRESS 1004 F	Roland	dvue Av	re.
> X		18. CAUSE OF DEATH	(Enter only one c	ause per line for	(a), (b), and (c		_/						APPROXIMATE I BETWEEN ONSET	NTERVAL
be executed in pending in the most permit. The event within		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUS	SE (a)	les	lub	Unti	on .		-			/	
		9259		UE TO, OR AS A	CONSEQUENCE)F						5	tolleden	~
d be 'F Chie Chie rrans	48	Conditions, if ony, whi	ıse (a), ((b)	CONCEOUENCE)r			22.10					
should be end of the chieff of		stating the underlying	cause }	(c)	CONSEQUENCE	Jr.								
ircote ing 11 ded 1 ded 1 as a	7	PART 2. OTHER SIGNIFIC	ANT CONDITIONS (CONTRIBUTING TO	DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR (CONDITION	GIVEN IN PA	ART 1(a)			
certif v. writ orwor used mova	CERTIFICATION	19a. DATE OF OPERATIO	N		CONDITION FOR		RATION				- LT		20. AUTOPSY	?
	시트			Day at	WAS PERFORME	400	2						YES 🗌	NO.
#= T ==	MEDICAL CE	21a. EXTERNAL CAUSE VI PRIMARY OR CONTR CAUSE OF DEATH	IBUTING 🗌		-23 19	68 5	1c. HOW INJURY						s larg	p.
	W. M.	21d. INJURY OCCURRED WHILE AT WORK AT WORK		F INJURY (At han fice building, etc.)	ne, farm, street	2	1f. LOCATION Str	eet ar R.F.D. No		City ar 1	Town		ACO	State
ical E) executor. Paged for Crok: Purial,		22a. I certify	that I taak ch	arge af the rei	mains descri	oed abav	e, held an Ai	utopsy,	Insp	ection 🗲	, Inqu	iry, 🔼,	and in my	y apinian
ctor.	1	death resulted	from Not	ural causes [], Accide	nt 🔼,	Suicide 🔲	, Hamicio	de 🔲,	Undeter	mined mo	nner 🔲		
olcase e director director etained DIRECT		ACTUAL	5/2	. 11				CHIEF MEDICAL	EXAMINER		98.22			
ry, please eral direction be retain RAL DIRE	30	SIGNATURE) pure	-cy-		-		ASSISTANT MED DEPUTY MEDICA				DATE SIGN	1	
necessary, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type)	E.LIN	han	4.			ADDRESS(Street		/	_	A		١ .
10 + 20 P	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		23c. NAME O	F CEMETERY	OR CREMATORY		23d. I	LOCATION (C	ity ar Tawn)	(Cor	unty) (St	ate)
	- 01	REMOVAL (Specify) Burial	7/26/	/68			scopal						, Carol	ina
VR A15ME (5)		. FUNERAL DIRECTOR				RESS	7.004	DATE DATE	BY REGI		25b. REGIS	LANG SIGN	ATURE COLLE	
10M REV. 1/68	W	m. Cook-Bro	oks Tows	son 1050	York 1	?d. 2	1204	DATE	- 20 (,			00	

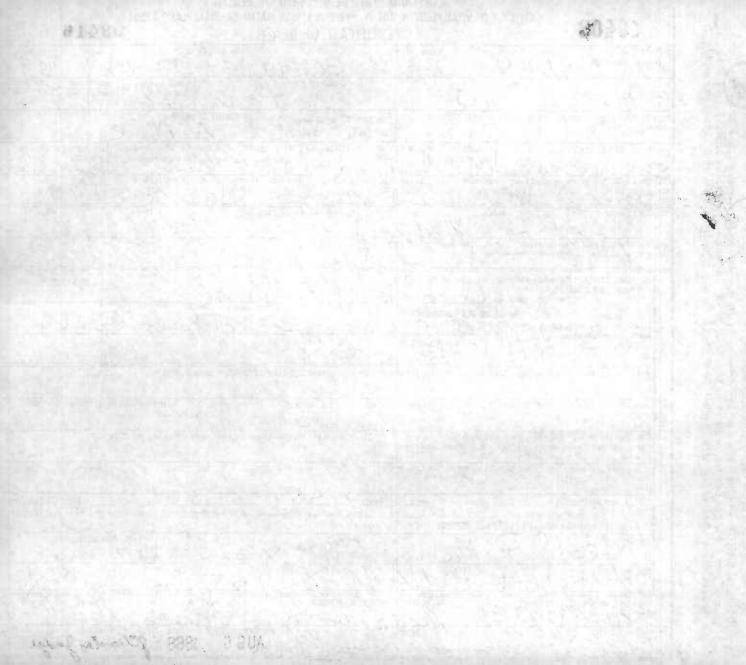


MAKILAND STATE DEPAKTMENT OF MEALIN

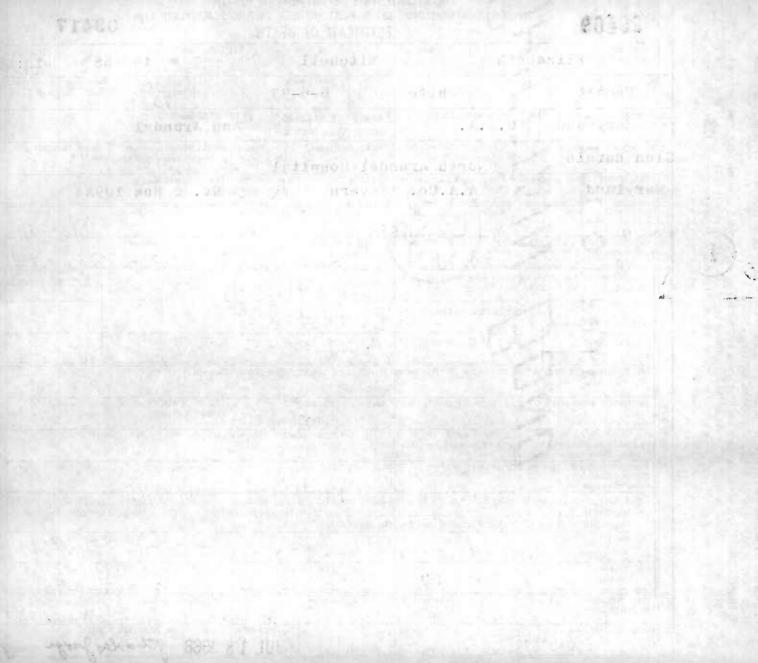
MARYLAND STATE DEPARTMENT OF HEALTH REVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9415 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR death. death uneral 1 and (Type or print) Month Yeor endon after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF LINDER 1 YEAR IF LINDER 24 HRS lost birthdoy) MONTHS DAYS HOURS Cm YRS. 24 Peurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) burial-transit permit. Then please remave carbon papers burial, crematian, ar remaval, and in any event, within 72 l WIDOWED X DIVORCED [filled IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress during most of working life, even if retired.) **INDUSTRY** and completely KDOWD 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) pneumonie DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) cens rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta t directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IE/YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING. ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 2/ _19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an-3 shauld causes stated abaye (1) (we) (did) (did nat) view) the bady after death. 225 NGWATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) HION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 19 Calvary Cemetry County 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) North 30M REV, 1/68 Ave



		MARTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10		CERTIFICATE OF DEATH 09416
÷ _ ~ ÷		ECEASED-NAME First Middle Lost) 20. DATE OF DEATH 2b. HOUR
de of de of	(Type or print) MANUS E. MCGEZDY 17- Month- Bay X. Year 5:50
는 트	3. S	
Poges Urs af	22	11. 2 - 1 - 6 6 VRS.
hour hour srs. P	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 ed i	-	Mad U-S. WIDOWED DIVORCED A.A. CO. M
e executed within 24 hours after death and completely filled in by he transol remove corbon popers. Pages T and 2 nany event, within 72 hours after death	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
d with corbon nt, with	13a.	USUAL RESIDENCE Where deceased lived if institution: Residence before 12f CITY OR TOWN 13d 4/SIDE CITY HMISS 13e STREET AND NUMBER
eve eve	odm	ission) STATE 1354COUNTY. Several YES NO X ord Coccurry Rd
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Poge 4 may be retoined by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Prevented the state Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours should be filled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours	14.	FATHER'S NAME First Middle War Pland IS. MOTHER'S MAIDEN NAME First Middle Post
ficate ysicion pleoso ol, and	160	WAS DEGEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address
ph hen hoo	F	APPROXIMATE INTERVAL
at the death cer the ottending p nsit permit. The mation, or remo		PART I, DEATH WAS CAUSED BY:
dea Hen rmil		1 IMMEDIATE CAUSE (a) CONCOST ACCUSED.
t pe		Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave)
y th		rise to immediate cause (o),
es the iciar of be of be of the officer of the offi		stating the underlying cause DUE 10, OR AS A CONTROLLENCE OF
phys igne urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng F en s en s to b	Z	4201
law bee rior	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The affe	CERTIFICATION	YES NO CAUSES OF DEATH?
or o		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
of Filling	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial director, page 3 should be detached for use as the buriol-transit permit. Then pleas should be filed with the State Dept. of Health prior to buriol, cremation, or remayol, and	W	21d. INJURY OCCURRED While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. (ity or Town County State
Ter ter tote		22a. I certify that (I) (this haspital) attended the deceased fram 1900 19 that (I) (we) la
ed bed lid kild k		saw the deceased alive an 7-30 6 2 19, and that in (my) (ew) opinion death accurred an the date and havr and fram the causes stated above, (1) (we) (did) (and way) view the body after death.
To in thought the transfer of		22½ SIGNATURE 22½ DATE SIGNED
OR OR INTEGRAL		DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR D
PITAL moy RAL C pog be file	1	22d. PHYSITIAN'S Robert R. HAHN 22e. ADDRESS Box 73 Severy Pork
e 4 UNE	230	BURIAL CREMATION, 23b DATY 22c NAME OF CEMETERY OR CREMATORY 23d. TO(ATION (City or Town) (County) (State)
Pog Fire short		REMOVE (Specify) 811/68 Me a Number Done Accord in
VR A15 (4)	24%	FUNTRAL DIRECTORY ADDRESS AD
30M REV. 1/68	/	Coheel At Sevance Sevan Copare AUG'6 1968 (Charles Judge.



1		09409	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH		09417
er death. funeral 1 and 2 er death.		CEASED-NAME (ype or print) Elizal	Middle	Mitchell	20. DATE OF DEATH 7 Manth 14 Do	2b. HOUR 12: 2h
s after death. the funeral types I and 2	3. SI	Female	4. RACE White	S. DATE OF BIRTH 6-6-95	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
A haur			b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Ann Arundel	Md.
ely filled-im 24 h	GI	en Burnie	11. NAME OF HOSPITAL OR IN give street address) North Aru	ndel Hospital	IAL OCCUPATION (Kind of work dane nast of working life, even if cetired.)	12b. KIND OF BUSINESS OR INDUSTRY
ond completely for temans carbon in any event, with	13a. a qM	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before 13b. COUNTY A • A • C O •	13c. CITY OR TOWN 13d. INSIDE CITY	IJA. STREET AND NUMBER Rt. 2 BOR	109A
be exe		ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Musch
artificate tripsing en please aval, and	16a. Y	WAS DECEASED EVER IN U.S. ARMEI es, no, or unknown) (If yes give wor		NO. 17. INFORMANT.	chell Address	Burne Md.
ing the ce		PART I. DEATH WAS CAUSED IMMEDIATI 4129 Canditians, if any, which gave rise to immediate cause (a),	ane cause per line for (a), (b), and (c) BY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Intestina	L.	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permitshauld be filed with the State Dept. of Health prior to burial, cremation, an	NOI	4200	(c)	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	CONSIDERED IN CERTIFYING
The lar attents and the last last last last last last last last	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	YES NO	CALISES OF DEATHS	
SICIAN spital o ertificat ed far af Her	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Manth Day Year P.M.	9		
G PHY the ha tr this cr detach te Dept	<	at work at work	Artistra market his	ACTORY,) 21f. LOCATION Street or R.F.D. No	- 110 KD	Caunty State
TENDIN ined by OR: Afte auld be the Sto		sdw the deceased div	hospital) attended the decease ye an (i) (we) (did) (did not) view the	19 and that in (my) (our) or	oinian death accurred an the d	
OR AT be reta DIRECTO DIRECTO		22b. SIGNATURI	B. Ramery	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED 16 P
TO HOSPITAL (Page 4 may b To FUNERAL D director, page should be file		22d. PHY (LAN'S NAME (Lype)	B. RAMIREZ	22e. ADDRESS 392	Horpital Drive	ylen Kun
TO HO Page TO Fuy direct should be s		BURIAL, CREMATION, REMOVAL (Specify) 7-	-19-68 Gle	n Haven Cemeter	23d. LOCATION (City or Town) Glen Burnie A BY REGISTRAR 25b. REGISTRAR	(County) (State) Inne Arundel Md.
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR T. Mai JUST JUST TO MAI JUST TO STEPP	thews Baltimo		1 8 1968 gclia	



			* · · · · · · · · · · · · · · · · · · ·
Part ar wind	утоводаной		PARTY OFF
	7-12-05		
Loomnus anna	STATES OF THE RES	0 0	Maryllin
gradi			alegna nela.
81. 2, 20150 0 20.	Fig. 1019798		W.
· ·			

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09419 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH First Middle 2b. HOUR DECEASED-NAME be executed within 24 haurs after death 7-19-68 Month (Type ar print) Year 9:3 SAMUEL MORAN E. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS haurs after last birthday) OAYS HOURS 4-16-01 Male White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE State or Coleian 8. MARRIED NEVER MARRIED ve carban papers. event, within 72 h country) campletely filled in Anne Arundel WIDOWED TX DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) during most of working life went retired.) INDUSTRY Glen Burnie North Arundel 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OF FOWIE TYTE 3 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY admission) STATE YES 🗔 NO T Anne Arundel Box 235 Park and in any Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First. Middle Last and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT Address Yes, no. o unknawn) (If yes give wor or dates of service) physi burial, crematian, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: requires that the death attend IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar tab O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta OR ATTENDING PHYSICIAN: The law 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗌 YES [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. Manth Day Year OR CONTRIBUTING CAUSE OF OEATH be retained by the haspital (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from. 19.68, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on_ causes stated obove. (1) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (Girobr Tawn) 23d. 230. BURDAL, CREMATION, 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY PMOVAL (Specify) 2Sq. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

61969					* 4
	24				7
		Total -			
	Mary .		1 101		
		A Self			
	- N. 18				

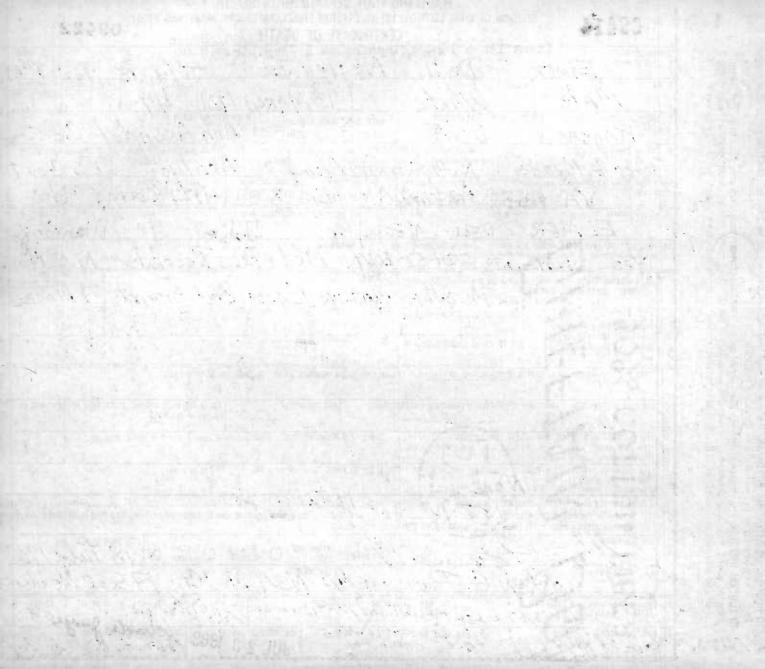
				ND STATE DEPARTMENT OF		
1			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	00100
	17.	00412		CERTIFICATE OF DEATH		09420
- 2-	1. D	CEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
death. neral and 2 death.	(1	ype or print) Ethel	6	Moss	Month Da	Y- Year 12 PM
r death uneral 1 and er death	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
after he fur		E	W	4-30-4	878 last hirthday) YRS.	MONTHS DAYS HOURS MIN.
5 × 5 × 6	70	BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
4 hou	caus		U,S	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	HUUS AQUI	UDEL Md.
n 2	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	ISTITUTION (If nat in haspital 12a. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
d withi	1	IN U Apohis	give street address) HUNAROLIN	10 MICH 1 1 MAT J	mps) of working the even if rested)	School
ate be executed within one on the completely file one completely file one carbon pard in any event, with	13a. odm	USUAL RESIDENCE (Where deceosed ission) STATE	lived, if institution: Residence before		MOD 211	DUE
complete com	14	10	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
and and in an	14.	FATHER'S NAME First	P. Bolowin) HMAN		Stallings
at post		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		Address	- 100010 95
hysi) (di	LY	es, na, ar unknown) (If yes give war	or dates of service)	MARY E. MO	55 # 13	
The Po			ane cause per line for (a), (b), and (c	1) , , , , , ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death c attending vermit.		PART I. DEATH WAS CAUSED	BY: CAUSE (a) Chelro	1 Tarnol-	mi	Itwe.
attel		4339	DUE TO, QR-AS A CONSEQUENCE O		4	
the or it postice		Conditions, if ony, which gove	Munus	whited an	bur order	773
hat n. by t ans rem		rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		15
equires that the physician. signed by the burial-transit purial, cremati		last.	(c)			
auric ouric		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
ng l en s en s ta b	z	332X	m			
4: The law requires that are attending physician. The has been signed by a use as the burial-traisalth prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS F		20b. 1F YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atte	E			YES NO [CAUSES OF DEATH?	
ar ate		210. ACCIDENT WAS UNDERLYING			ter nature of injury in Part 1 ar Part 2,	, Item 1B.)
CIA Pital d fo of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	r) HOUR A.M. Month Doy Yeo	19		
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death or page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in your following properations as a properation of the filled with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 beets after death and the filled with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 beets after death the state Dept.	W	21d. INJURY OCCURRED 21e. P While Not while at wark	LACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street or R.F.D. I	No. City or Town	Caunty Stote
N + Y + H de		22g certify that (1) (this	haspitol) ottended the decea	sed from, 19	60 to 7-15,1	9 , that (I) (we) lost
ENDI ned b ned b uld b the St	h	saw the deceased oli	ve an (I) (we) (did) (did not) view the	el9, and that in (my) (our) or body after death.	pinion deoth occurred on the d	lote ond hour ond from the
ATT etair CTO sha sha with	П	22b. SIGNATURE	00 11	2 ATTENDING	MED STAFF 22c	. DATE SIGNED
or be r		work 10	Mithy ()	DEGREE PHYS.	DIRECTOR PHYS.	1-15- 68.
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill		22d. PHYSICIAN'S NAME (Type	Shipplay	22e ADDRESS	napole	
HOS age 4 Fun recto	230	BURIAL, CREMATION, 23b. D/	ATE 23. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town).	(County) (State)
5 5 5 2	7	CHARGAI DIRECTOR	8-68 CE	DHE BAUTT	BY REGISTRAR ASB. REGISTRAR	S SIGNATURE.
VR A15 (4) 30M REV. V 68	1	hy M. For	Sous (LAMA ON	of Mar DATE JI		arles Judge
11 10	4	1 101	1	VI I V		

02020 Hazi tanah, asak samatan Xirin da kabupaten 2 ha Lock of the second trackets of the second of The state of the s Little of the same

/ 1		ems 18&22a Film 402 MARYLAND STATE DEPARTMENT OF HEALTH 15-65 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	421
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	x ~ x
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Do	ay Year 2b. HOUR
is age af	(Type or Print) JOHN A. MULLEN III OF ESTI- DEATH MATED 7	4 19685:15%
Page Page	3. 5	LATER A MOUNTE CONTROL OF THE CONTRO	2d. HOUR
Iny delay is 2, and 3 ta Page PM3. Page	1	Male Colored 3 -1-67	Year 1968 5:15M
E 27 1		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED . 9. COUNTY OF DEATH	
		Anne Arundel	Md.
the state of the s		give street address) (during most of working life even if retired) (INI	b. KIND OF BUSINESS OR DUSTRY
after death 8 erve Roges 1, and with form	Ar	inapolis Anne Arundel General Hosp.	
4 0 = 8	13o.	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. THIS INSTITUTION 13b. COUNTY 13c. Tracy's Landing	
d2v		Md. A.A. Tracy's Landing	
24 haurs in Item 18 r's Office es 1 and 2	14. 1	THE TOTAL STREET	Bishop
INER: This certificate shauld be executed within 24 haurs a secutificate, writing the word "pending" in pencil in Item 18, should be farwarded to the Chief Medical Examiner's Office of files. 3 should be used as a burial-transit permit. File pages 1 and 2 w nation, ar remaval, and in any event within 72 hours after des	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ozisii op
This certificate shauld be executed within icate, writing the word "pending" in pencil be farwarded ta the Chief Medical Examine I be used as a burial-transit permit. File pagiar remaval, and in any event within 72 hou		(es, no, or unknown) (If yes give war or dates of service) John H. Mulleh Tracy's 1	Landing
J with n per Exam File		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
urtec ga" i ical iral ithii		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
wed Med per per		428 X IMMEDIATE CAUSE (o) PLY OCAT CLUS DUE TO, OR AS A CONSEQUENCE OF	
per ief ief nsit		Canditians, if any, which gave	
ord - Ch		rise ta immediate cause (a), Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate shauld be executed g the word "pending" in ed ta the Chief Medical E. s a burial-transit permit. F and in any event within		last. (c)	
the the d to d to a b		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifico tring arde al, c	Z	4222	
is certific te, writin farward te used as	SIE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his date,	CERTIFICATION		YES NO
AL EXAMINER: This execute the certificate, or. Page 4 shauld be fall far yaur files. TOR: Page 3 should be u urial, cremation, ar ren	AL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18.}
bical Examiner: se execute the certificate. Ctar. Page 4 shauld ned far yaur files. ECTOR: Page 3 should I burial, cremation,	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
XAMI ute the ge 4 s yaur f yaur f rage 3	-	WHILE AT WORK AT AT WORK AT AT WORK AT	200111
L EXA ecute Page ar yat R:Pag			and in my apinian
please exect director. Pa retained far L DIRECTOR:		22a. I certify that I taak charge of the remains described above, held an Autopsy XX Inspection [], Inquiry [], death resulted from: Natural causes [2], Accident [], Suicide [], Hamicide [], Undetermined manner []	
please I directa retained L DIREC	1	CHIEF MEDICAL EXAMINER	
y, please yy, please priar ta		ACTUAL TO I ACTUAL TO ACTU	GNED
UTY any, nerg be be pr		JIONATUK.	5, 1968
O DEPUTY SICAL EXAMINER: This certificate shauld be executed necessary, please execute the certificate, writing the word "pending" is the funeral directar. Page 4 shauld be farwarded ta the Chief Medical 5 may be retained far yaur files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health priar ta burial, cremation, ar remaval, and in any event within		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
To the He	230	I. BURNAL, CREMATION, 225 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City or Town)	aunty) (State)
0		Bethel Way -Cross nuntington	Cal Md
O.K	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG Parker F Company ADDRESS AD	NATURE
VR A15ME (5)		Punkney E. Sewell Preuse Fred. Mg. WIL 10 1988 Peliantes	MARK

JUNEAU CONTRACTOR OF THE PROPERTY OF THE PROPE in the second 54. The allogania Chircoy Clanow Jone I. Muller Deel antimed stages P. Hull .H . rest .. TAN 100 money functions of the Jedge 100-1-V

A				MARTLAND STATE DEPARTMENT OF HEALTH
70	1		0.0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10	160			CERTIFICATE OF DEATH 7/30/68 cac 09422
÷	7.7			CEASED-NAME First terms 130 & 1 Maddle telephone Coall - Fun D120 DATE OF DEATH 2b. HOUR
deoth	ond 2 deoth.		(1	ype or print) Flings Doll Mealow JR Though Day Year of 815AM
-	5-1		3. SE	X 4. RACE . DATE OF BIRTH 6. AGE (IN years IF UNDER 14 HRS.
Whiting the hours after	S. Pages. I haurs offer			Male White 13 MARCH 1921 last bit heavy YRS. MONTHS DAYS HOURS MIN.
Idurs	A P		70. E	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED NEVER MARPHED 9. COUNTY OF DEATH
在	pers			KANSAS USA WIDOWED DIVORCED HAN ARUNDE CO, Md.
1. 產	ely filled in son poper within 72	00	1D. (11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of Abrigna life even if certical.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of Abrigna life even if certical.)
143	orbo		130.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c. CITY OR TOWN Jul. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
2 1/3	idean and completely filled in leose remove corbon popers. and in any event, within 72 h	83	admi	ssion) STATE (A. Fairfax / Rumater Alexandria YES NO 4121 Conrad Rd
1/ Miss.	remo n any	3	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be ha	dein			ELITER DELL VEGLEST. Julia Manning
U VE	10 C		16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 11. INFORMANT 11 1939 1939 - 1959 1224-52-5009 Med + Pers Records N. S. A.
Men =	Then Then emova			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 5064
The state of the s	attending permit. The lon, or remo			PART I. DEATH WAS CAUSED BY: PROBable MASSIVE Myocardial Infarct 11tour
6890	per per tion,			DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
. 0	y the			rise to immediate cause (o), (b)
physician.	signed by the burial-transit burial, cremat	98		stating the underlying cause lost. Due 10, OR AS A CONSEQUENCE OF lost.
Man S	signed burial-t burial, c			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
1 1 1 0	been s the k ior to b		N	4201
The low	as the prior to	1/	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	use as	X	RTIF	NO NO YES NO
IAN:	to - 0			21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
rsic	hed t. of		MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Tawn Caunty Stote While Not while 7
PH he h	this certi detached e Dept. of			at work at work work work work work work work work
NE P	After d be d e Stote			22a. I certify that (I) (this haspital) attended the deceased from 10 du 14, 19 60, ta 19, 19, that (I) (we) last
ATTENDIN etained by	DR: A			saw the deceased alive an 18 4014 1968, and that in (my)(am) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (death) view the bady after death.
AT	DIRECTOR: ge 3 should led with the			22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED 10/10
r oe	DIR			22d. PHYSICIAN'S 22e. ADDRESS 2
TO HOSPITAL OR ATTENDING PHYSICIAL Poge 4 may be retained by the hospital	TO FUNERAL DIRECTOR: After this cendirector, page 3 should be detached should be filed with the Stote Dept.	-1		NAME (Type) WARREN G. PREISSERMO NSA MED CTR, 17 GEOG MEADE ME
HO.	direct shoul		23a.	BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY OWN = 23d. LOCATION (City or Jown) (County) (Stote)
7	=	43	24.	SUNERIL DIRECTOR OF CHECK CHURCET 250. REC'D BY REGISTRAPOR 2510 REC'D BY R
	VR A15 (4 30M REV. 1.	/68	9	obeit of Could traces CHURCH ONUL 23 1960 The Vac Vac Co



62100				ESTIS
	gire ema		• •	
	reput moles .gu.			
	o the second		to and the little	, w. 1941, ·
	a a symmen a s			
desirent, Mary and	Alom huldbeft, Dr. B	Z-alls of	S	*****
			The second secon	
		PISTURE AND THE RES		
	Heradariya			
	i v			
Great the talk	Found Live Class Hor- Found	ovenska Lekano ka	16 880 (NE 08 90 14	t talay

1	_ 1			00200		DIVISION O	WAKTLA	, 301 W. PR					1201		
				09416				CERTIFICA					(9424	
1	= = = =			CEASED-NAME ype ar print)	First		Middle	15/16	Last		2a. DA	TE OF DEATH	David	V	2b. HOUR A
10	death neral and 2 death.	7.	(1	Pe di pinili) Ev	relyn	1-1-	Harris	P	ARKER			July	1904	1968	6:30 M
	e Z		3. SE			4. RACE			DATE OF BIR			6. AGE (In last birth	years	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	by Page aurs of			Female			White		August	23, 19		12	YRS.	MONTHS DATE	MIN.
-	in by		7o. E	BIRTHPLACE (State or forei	gn 7	b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEDX		KIED	9. COUNT	TY OF DEATH			
	d ir			Tennesse V	20		.S.	WIDOWED [CED 🔲		arunde			Md.
	xecuted within 24 haurs after campletely filled in by the fundave carban papers. Page 1 ny event, within 72 haurs after	53	A	ity or town of DEATH		give	NAME OF HOSPITAL OR I e street address) nne Arunde	1 Gen.				ATION (Kind of working life, even if		12b. KIND OF INDUSTRY	BUSINESS OR
	ecuted witl campletely ave carbar y event, wi	33	13a.	USUAL RESIDENCE (Where	deceased	lived, if institu	utian: Residence befare	13c. CITY OR	OWN	13d. INSIDE CITY LIA		3e. STREET AND NO	JMBER		
	amp	10	aami	ssign) STATE Maryland		Anne	Arundel	Annap	olis	YES NO) [1995 Fai	rfax	Road	
	exe of	1	14. F	ATHER'S NAME First	51/	Middle	Last	15.	MOTHER'S MA	IDEN NAME FI	irst		Middle		Last
	a Cont	1				UNK			TO SECURE	-3400		UNK.			
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Page 4 may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then folesse remaye carbon papers. Pa shauld be filled with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs		16a. Y	WAS DECEASED EVER IN L es, na, ar mhknawn) (If	J.S. ARMEI yes give war	D FORCES? or dates of service)	16b. SOCIAL SECURIT	(NO. 17. LN	OSE	pH H	4.7	ARKER	Address	13	
	cer The The			18. CAUSE OF DEATH (E	nter anly	ane cause per	line far (a), (b), and (:).)	-					APPROXII BETWEEN O	MATE INTERVAL DISET AND DEATH
	attending permit. The			PART I. DEATH WAS	CAUSED I	BY: E CAUSE (a)	Carcinoma	tosis.	genera]	lized ((prin	narv col	on)		al vea
	afte errr in, o			1538			AS A CONSEQUENCE O								
	t the			Canditians, if any, which		(b)									
	tha in. by ran ren			rise to immediate caus stating the underlying			AS A CONSEQUENCE O	F		130			- 17		
	sicion si			last. 1538	—)	(c)									
	equires the physician. signed by burial-tran			PART 2. OTHER SIGNIFICA	ANT COND	ITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION	GIVEN IN PART 1	a)		
	ing ing en he ta	16	N	None											
	end end s be as t	5	CERTIFICATION	19a. DATE OF OPERATION	19b. CO	NDITION FOR W	HICH OPERATION WAS I	PERFORMED	20a. AUTOF	PSY?		Db. IF YES, WERE AUSES OF DEATH?	FINDINGS C	ONSIDERED IN C	ERTIFYING
	The att ha	d	RTIFI						YES 🗀	NO DO	X				
	he haspital ar attending this certificate has been letached far use as the Dept. af Health prior ta		MEDICAL CE	21a. ACCIDENT WAS UNIT OR CONTRIBUTING CAUSE (If either, natify medical	E OF DEATH	21b. TIME (HOUR A.M P.M	. Manth Day Yea	r 19				f injury in Part 1	ar Part 2, I	Item 18.)	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health prior ta burial, crea		WE	21d. INJURY OCCURRED While Not while at work	21e. Pt	LACE OF INJURY	(AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street	t ar R.F.D. Na.		City ar Tawn		Caunty	State
	DING d by t After After d be c e State			22a. I certify that	(I) (this	haspital) at	tended the decea	sed fram_M	y 29	, 1%2	2, to	July 19	, 19_	6g_, that	(I) (we) last
	OR: A			22a. I certify that (I) (this haspital) attended the deceased fram May 29, 182, ta July 19, 1968, that (I) (we) last saw the deceased alive an July 18, and fhot in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (didness) view the bady after death.											
	HOSPITAL OR ATTEN 1ge 4 may be retained FUNERAL DIRECTOR: irectar, page 3 shauld hauld be filed with th			22b. SIGNATURE	an	love	time	DEGRE	ATTENDIN	G M	NED. IRECTOR	STAFF PHYS.	- 1	Ly 19,	1968
	AL C	1		22d. PHYSICIAN'S					22e. ADDR						
	SPI1 4 m	1		NAME (Type) Ch	arle	s W. Ki),		Murray	Ave	Annape	lis	Md. 214	01
	HO ge rect	1	23a.	BURIAL, CREMATION,	23b. DA	ITE .	23c. NAME O	CEMETERY OR			23d LC	OCATION (City or T	gwn)	(Qunty)	(State)
	5 5 5 p	1/2	J	REMOVAL (Specify)	1/0	12-68		LCRES	T		HK	NAPOL	15	HH	MD.
	VR A15 (4	1	24.	FUNERAL DIRECTOR	0 4	0 1	ADDRES	S / . V	111	2Sa. REC'D BY			EGISTRAR'S	SIGNATURE	
	30M REV. 1	68	40	Hu 11. 4/	04/0	1 1740M	o (ling	ons,1	1014	DATUL 2	21	968 80	- Alle	Sont or	

SEASO WILLIAM MANIEN SOURCE SEASONS AND TO SHEETE DE re semi of relation NATURAL SERVICE SERVICE OF THE CONTROL OF THE CONTR Constitutes that I all a stances is removed by the best and I troud to the flow that the state of the flow of the same

	MARYLAND STATE DEPARTMENT OF HEALTH						
The second secon	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09425						
THE RESERVE OF THE PERSON OF T	CERTIFICATE OF DEATH						
BELL							
E E	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR						
deat and deat	(Type or print) BERNARD CHARLES TARKINSON July Manth 13 Day 968 Year 435 PM						
fur er	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.						
aft the rges s aft	male while may 13 1967 last birthday) YRS, MONTHS DAYS HOURS MIN.						
by Po	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral 3 should be detached far use as the burial-transit permit. Then please regions carbon papers. Pages 1 and ed with the State Dept. at Health priar to burial, crematian, or remayal, badis any event, within 72 haurs after deather with the state Dept.	Md. USA WIDOWED DIVORCED A A CO Md.						
fille fille fhin	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.)						
with bon with	ANNAPOLIS N. A. GENERAL						
ed car	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. STREET AND NUMBER						
eamb daye y eve	admission) STATE Med 1316. COUNTY AACO ANNAPOLIS YES NO 135 MADISON ST						
X S W	14. FATHER'S NAME First Middle Last / IS. MOTHER'S MAIDEN NAME First Middle Last						
physician and camplest on physician and carbinate and carb	BERNARD Wesley PARKINSON JR SHERRY DENISE HARDESTY						
ate <u>easi</u>	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) Ulfyes give wor or dates of service)						
hys n p	B. W. Parkinson M. NNNPOLIS IN						
equires that the death certify physician. signed by the attending phy burial-transit permit. Then burial, crematian, or remava	18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
ne death ce attending p permit. The	PART I. DEATH WAS CAUSED BY:						
ne death attendii permit. ian, or re	O I C						
e a pe d	Conditions, if any, which gove)						
t the site of the	rise to immediate cause (a)						
the rar	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF						
equires that the physician. Signed by the comparing to burial-transit posturial, crematian	last. (c)						
origin uri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)						
n s n o b	9720						
av din ar t	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
IAN: The law requires th tall ar attending physician ficate has been signed by far use as the burial-traft Health priar to burial, cre	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING 17b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
The die he	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)						
AN icat cat far Hee							
af file	Till feither, natify medical examiner) P.M. 19 ASPIRATED ASPIRA						
HYS has reference pot.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County Stote						
JING PHYSICIAN: by the haspital ar fler this certificate be detached far u State Dept. af Heal	While Nat while of work of work						
ING Dy t ter ter tate	22a. I certify that (I) (this haspital) attended the deceased fram, 19, to, 19, that (I) (we) last						
ND ND ND ND ND ND ND ND ND ND ND ND ND N	saw the deceased alive an19, and that in (my) (our) apinion deoth occurred on the date and hour and from the						
OR STITE	causes stated above, (I) (we) (did) (did not) view the bady after death.						
OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED						
OR OR	Grachan M Justin Degree PHYS. DIRECTOR LI PHYS.						
AL ay	22d. PHYSICIAN'S 22e. ADDRESS						
D HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspi of FUNERAL DIRECTOR: After this certi- director, page 3 should be detached should be filed with the State Dept. ar	NAME (Type)						
Sold Sold Sold Sold Sold Sold Sold Sold	23g BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (Caunty) (State)						
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u should be filed with the State Dept. af Healt	SREMOVAL (Specify) 7/15/68 HILLCHOAT ANNIABOLIS AACO WWO)						
(141)	24. FUNERAL DIRECTOR ADDRESS J 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
30M REV. 1768	Hardeste, Funeral Home, DNN & POLIS, MA DATEUL 17 1968 gcharles Judges						
	LACOCCERCE LA LACOLO LA LACOLO MA LA LISTING LA LACOLO LA LACOLO LA LACOLO MA LACOLO MA LA LACOLO MA LA LACOLO MA LA LACOLO MA LA LACOLO MA LACOLO MA LA LACOLO MA LA LACOLO MA LA LACOLO MA LA LACOLO MA						

ASPERTION OF ASPIRIN IN LUNG ASPIANTED ASPIRIN

2. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	50	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	09426
FOR STATE	1.0	, MEDICAL EXAMINER O'CERTIFICATE O' DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Mo OF ESTI-	
2, and 3 to PM3. Page Pportment of	2.0	DEATH MATED	7 3 168 PM
ny delay 1, 2, and 3 n PM3. Pour	3. S	lost birthday) MONTHS DAYS HOURS MIN Month To	
PM PM	-	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1960 1 W
- E	cour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form ()		GEORGIA OSA. MIDUWED DIVORCED HIHCO.	Md.
00 = A GI	15	Annapolis give street oddress) Que Alexadel. gers during most of working life, even if retire	
hours after de fem 18. Give F Office along wi ond 2 with the offer deoth.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE New Tersey 13b. COUNTY MERITANA Bridgeton YES NO 105 INV	Glen
hours Item Office I ond 2	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	14	MARK ANDREW MARTHA	(UNKNOWN)
hin 24 ncil in giner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	C OTO TEPOWNY
z h	(1	(es, no, or unknown) (If yes give wor or dates of service) UNKNOWN Charles A Pitts Same	45 13 8.
PACE E		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed ne word "pending" and to the Chief Medical buriol-transit permit. Fill in any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Mulliple Trylucius	Susses and Death
e executi pending ef Medio sit permi		8/9 9 DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe nief ansi		Conditions, if only, which gove rise to immediate cause (a).	
ould vord ne Ch ol-tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sholes w the the	13	last. (c)	
ertificate should writing the word rwarded to the Chesed on a buriol-transcolor, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifico iting irded I os al, o	N	7254	
is certific te, writin forward forward e used or removal,	CATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
INER: This certificote should be exect the certificate, writing the word "pendin should be forwarded to the Chief Med filles. 3 should be used a buriol-transit perfection, or removal, and in any event we	CERTIFICATION		YES NO
= - =	AL CE	21b. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 12b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part HOUR A.M.	2, Item 18.)
cer cer noulles. sho tion	MEDICAL	CAUSE OF DEATH (P.M) 7-3 1968 Crute arrestrick Retrice Se	
	×	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) Level 50 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
bical Examiner: se execute the certification. Poge 4 should need for your files. iECTOR: Page 3 should buriol, cremation.			MAGO MO
ical E exect for. Po ed for CTOR: buriol,		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry	
Se extron	13	deoth resulted from Natural couses , Accident , Suicide , Homicide , Undetermined mon	ner
please I director retoined DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF CHI	
TY, ple eral di se retta		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220.	DATE SIGNED
SSOR fune by by INER		EXAMINATED 2	1-3-68
o DEPUTY SICAL EXAM necessory, please execute the funeral director. Poge 45 may be retoined for your o Funeral DIRECTOR: Page Health prior to buriol, crem	224		MACO.
7 5,5	1	CEMIOWAL (Sperity)	CumBerland (Stote)
		FUNERAL DIRECTOR CHOCKER 1250 REGISTRAR 1250 REGIST	AR'S SIGNATURE
VR A15ME (5)		Charles F. Bell Tr.	
10M REV. 1/68	4	Hopping Funeral Home ANNApolis, md. JUE - 8 1000 function	0.0

MARTLAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME First Amelia Middle Lost Doy 68 Year deoth. dear Podgurska 2 Month (Type or print) 2 hours after (IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years offer lost birthdoy) White PHINOM PAYS HOURS Female YRS requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Anne Arundel USA WIDOWED X DIVORCED [event, within 72 Baltimore filled 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 -CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) Arundel during most of working life, even if retired.) INDUSTRY Glen Burnie and completely housewife 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before, 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore odmission) STATE 3122 Foster Ave. YES 🔜 NO buriol, cremotion, or remaval, and in any 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Middle Michael Kulinski Anna physician 213 Saddellwood Ave. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no or unknown) Elsie A. Romanowski: Balto., 21224, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: vendia IMMEDIATE CAUSE (o) 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the 4201 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [for use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. Month Doy Yeor detoched f State Dept. of (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County While Not while 22a. I certify that (1) (this hospital) attended the deceased from. shw the deceased alive on_______, inat (1) (we) last acuses stated above, (1) (we) (did) (did not) view the body after death. saw the decedsed alive on. be retained should TO FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. director, poge should be filed 22d. PHYSICIAN 22e. ADDRESS 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL (Specify) 7301 German Hill Rd., Holy Rosary Cemetery 7-6-68 REGISTRAR'S SIGNATURE 901 S. Conkling St. 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Balto., 21224, Md. 1968 30M REV. THE

. De galla Lilla remunet 1957 igno, como guerra violi de labora de la TO THE REPORT OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09428 105 10/2/MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME HEALTH DEPT. Middle 2a. DATE KNOWN 2b. HOUR Day Year (Type ar Print) ESTI-CLARENCE POWELL DEATH MATED 10 168 IF UNDER 24 HRS 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR Manth 5-10-30 Colored 38 YRS 19 68 2:50% Male July 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Rocky Mt., N.C. U.S.A. WIDOWED [DIVORCED [Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street address) during most of working the even invettred) Annapolis Anne Arundel Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 15c. CITY OR TOWN 13d. INSIDE CITY LIMITS? poges 1 and 2 with 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY YES NO 1103 Myrtle Ave Balto. in Item 1 ofter 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Clanton Alex India TRACKING X X Powell. the Chief Medical Examiner's hours ADDRESS within in pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Jenkins (Yes, ng, gr unknawn) (If yes give wor or dates of service) 1103 Myrtle Ave 243-40-2845 Mrs. Elsie Powell File 72 within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditians, if any, which gave rise ta immediate cause (a), should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SD used 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19a. DATE OF OPERATION WAS PERFORMED? the certificote. YES X NO [pe should be 10 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE moy be retained for FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an AutopsyXXI, Inspection Inquiry and in my apinian death resulted fram: Natural causes XX _Accident Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE July 11, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth ADDRESS(Street, city, tawn, ar caunty) NAME (Type) Charles S. Springate, M.D. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) BULL LA Nash Co., North Carolina 7-14-68 Powell Cemetery 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. DATE JUL 1 2 1968 VR A15ME (5) MORTON & DYETT F.H. 1701 Laurens St. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DE OEATH a. COUNTY b. COUNTY ANNE ARUNDEL ARTINDEL MARYLANO c. CITY DR TOWN (If outside corporete limits, write RURAL and give neerest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Life GLEN BURNIE MARYLAND FORT GEORGE G MEADE d. STREET ADORESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DN A FARM? KIMBROUGH ARMY HOSPITAL NOX AMBERLY ROAD within YES letely Month Year DATE Oay carbon NAME DE First Middle Last 4. DECEASED event, REESE DEATH JULY 19 68 JOHN WESLEY (Type or print) JR. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS executed 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO OATE OF BIRTH emove last birthday) | Months | any and WIDOWEO DIVORCED (2 JULY 1968 O yrs. CAU. MALE 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR 5 physician COUNTRY? ease during most of working life, even if retired) INDUSTRY be and ANNE ARUNDEL, MARYLAND UNTED WEWBORN BARY NEWBORN certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, attending ALICE SUSAN SHRECK JOHN WESTEY REESE Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. death (Yes. no. or unkown) | (If yes tilve war or dates of service) None JOHN W. REESE AMBERLY the ONST AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] by **OEATH WAS CAUSED BY:** APNEIC EPISODE IMMEDIATE CAUSE (a) signed burial-burial DUE TO LIFE PREMATURITY Conditions, If any, which (b) been gave rise to immediate DUE TD cause (a), stating the underlying cause last, (c) as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION r this certificate h detached for use te Dept. of Health for use Health PERFORMED? ND NONE YES X the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oav. Year factory, street, office bldg., etc.) Hour a.m. Not While After Id be d 2 at work at work 21. I certify that (I) (this hospital) attended the deceased from 7:30AM 2 July 68, to death 2 July 68that (I) (we) last be retained should ith the DIRECTOR: A age 3 should lied with the , and that death occurred at 11:2% from the causes and on the date stated above. 19 68 saw the deceased alive on 22b. OATE SIGNEO 22a. SIGNATURE ATTENDING STAFF PHYS. M.O. OIRECTOR ___ 4 may pa 22d. AOORESS FUNERAL PHYSICIAN'S director, p should be 1 KIMBROUGH ARMY HOSP, FT G. G. MEADE NAME (Type) M. NOMURA. MAJ. MC 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) 2 Glen Burnie. Glen Haven Memorial Marvland July 5 1968 PK Burial 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR **ADORESS** 24. FUNERAL DIRECTOR 1968 VR A15 (4) TINERAL HOME GLEN BURNIE. MD. 15M 4-64

busing July 5,1958 When rayed registal Pk Dien Borsten, Unstyland

ATHER THE STATE OF THE STATE OF

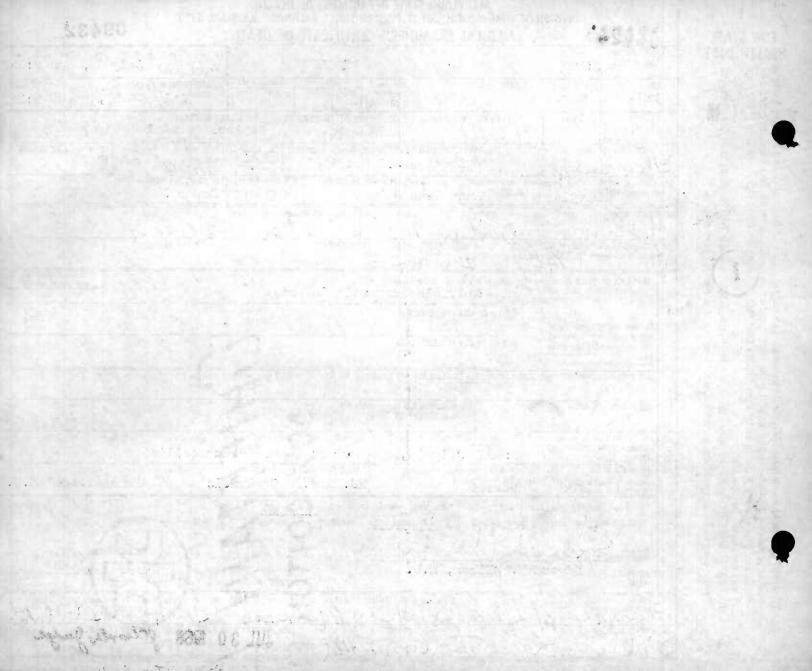
05763 Sport Sect of the Market and House the Addition throughty If Arize Labrati out . New York and the State of the Farran Bajed Just . 213-51-5133 Angelon 1211 Angelon Bertana a 151 Journal 115. . R. , Sils . . oright, st vanished . a 7/3 energiale, de l'Ell matrie l'opposite amoi depois e-une de l'august en partir de l'august en la company de l'august en la company de la compan

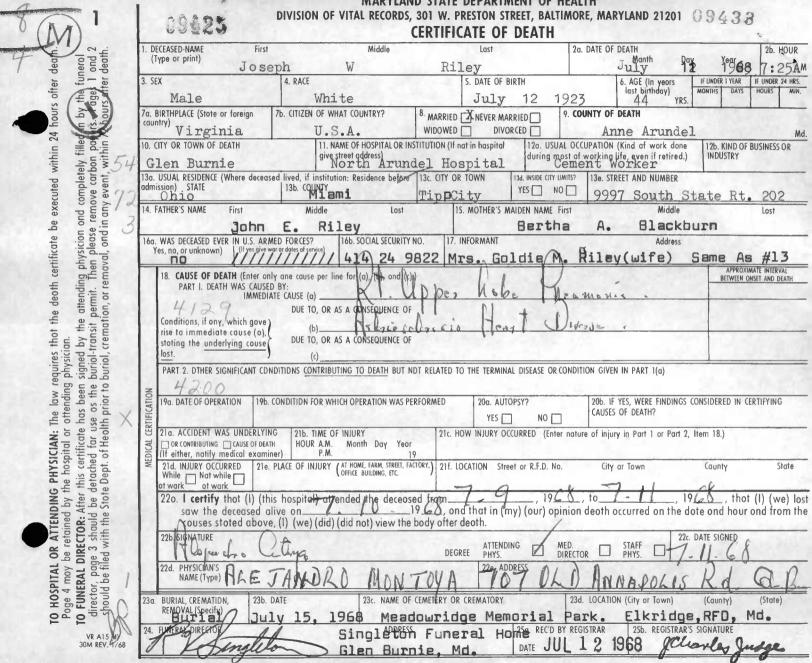
7	1	09423		301 W. PRESTON STREET, BA		09431
1	I	tem23a,FilmGLO2		CERTIFICATE OF DEATH		03431
4 _24	1. D	CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOULD
after death. The funeral Tiges I and 2 S after death.	(ype or print) Mabel		RICHARDSON	July 9 Doy	1968 3:49 M
	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years last hirthdoy) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
s afte		Temale	Negro	April 12,		
24 haurs after from by the further from the from	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
7 7 7		Maryland	U.S.	WIDOWED DIVORCED DIVORCED	Anne Arundel SUAL OCCUPATION (Kind of work dane	Md.
	10.	ITT OR TOWN OF BEATT	aiva stroot address	STITUTION (If not in hospital 120. U	most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
within poor 5	120	Annapolis	Anne Arundel ed lived, if institution: Residence before	Gen. Hospital	Maid TY LIMITS? 13e. STREET AND NUMBER	Hospital
comple comple comple comple comple comple	odm	ission) STATE Maryland	13b. COUNTY		NO 35 Cathedral	St
ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and comples shauld be detached for use as the burial-transit permit. Then please remove can with the State Dept. af Health priar to burial, cremation, or remaval, and in any experiments.		FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM		Last
be e re		John	Richads	son	Unknown	
icate l sician please I, and	160	WAS DECEASED EVER IN U.S. ARM	IED FORCES? 16b. SOCIAL SECURITY	NG. 17. INFORMANT	Address	
ertificate be physician c nen please iaval, and in		es, no, or oriendwin)	215-124-	-3296A Georgia	Boston 1900 We	st St. Anna.
ing I		IB. CAUSE OF DEATH (Enter only	y one couse per line for (ο), (b), ond (c) BY:	1 00	14	BETWEEN ONSET AND DEATH
he death ce attending permit. Th		IMMEDIA	TE CAUSE (o)		Ci ce	
he aff		Conditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	wheel It	amerbogo	9 lus
at the rinsit permatic	17	rise to immediate cause (a),	(b)	0	000	
the law requires that the death certificatending physician. has been signed by the attending physe as the burial-transit permit. Then the priar ta burial, crematian, or remava		stoting the underlying couse lost.	() Juleal	inny Eurolo	- Vascoly /	Liver
apuire ohys igne ouria		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
v ree	z	443x				
AN: The law re all are attending icate has been for use as the Health priar ta	CERTIFICATION	19o. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
: The par att the har use alth p	RTIF				LXL	. 101
AN: al ar icate far u Heal		210. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examin	G 21b. TIME OF INJURY H HOUR A.M. Month Doy Yeor		nter noture of injury in Port 1 or Part 2,	Item IB.)
SICI spire ertif eed I. af	MEDICAL	(If either, notify medical examing 21d, INJURY OCCURRED 21e.	DIACE OF INITIDY (AT HOME FARM STREET, FA	ACTORY 1 215 LOCATION Street or R.F.D.	No. City or Town	County State
JING PHYSICIA by the hospital frer this certific be detached fa State Dept. af H		While Nat while of work	OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	tion chy or round	
by th fter the be de State		22a I cortify that (1) (thi	is haspital) attended the deceas	sed fram, 1	9, ta, 19), that (I) (we) last
NDI ed be ad be fid b fid b		saw the deceased al	live an e, (!)_(we) (did) (did nat) view the	19, and that in (my) (aur)	apinian death accurred an the d	ate and havr and fram the
TOR tain that the that	п	22b. SIGNATURE	e, (i) twe) (aia) (aia nai) view the	bady direr death.	22c.	. DATE SIGNED
OR ATTENE be retained JIRECTOR: A e 3 should ed with the	Н	ZZO. SIGNATORE	. selle	DEGREE PHYS.	MED CTAFE	7/10/68
AL CAL Dogge		22d. PHYSICIAN'S		22e. ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta	1	NAME (Type) A. T.	Allen, M.D.		edral St., Annapol	
HO FUN Foul	230	BURIAL, CREMATION, 286. [CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5 5 5 0		FUNERAL DIRECTOR	/13/68 Pine	Lawn Mem. Pk.	Annapolis D BY REGISTRAR 25h REGISTRAR	S SIGNATURE
VR A13 M					11 1868 Robert	as judge
	-	mm. Reese, II	08 W. Washingto	n St., Anna,		

LANCE OF MACHINE STREET, MICHAEL CONTRACTOR CONTRACTOR ASSESSMENT OF THE STREET, MICHAEL CONTRACTOR OF THE S REAGE AS A PARTY OF THE PARTY O Many 1 12 Comment in control control controls A STANLEY COLL TRANSPORT OF TOWNS AND A STANLEY OF THE STANLEY OF A A A TO THE OWNER OF THE PARTY At a section 2 feet in a grain contract on security that the section of the secti

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09432 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWNETT 2b. HOUR Month Doy Yeor (Type or Print) OF ESTI-DEATH MATED 1068 9:35.P delay 1 nd 3 to Page July 28, RIDGLEY JAMES 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR 2, and PM3. F Month July Day 28, Year 10 68 9:35P Ma le Negro 63 YRS 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED mer's Office olong with farm Anne Arundel DIVORCED [WIDOWED X Item 18. Give Pages I and 2 with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done ION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address Arundel Hospital during post of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY CIMITS? after death. 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Anne Arundel Route 3 YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First 166 SOCIAL SECT 17. INFORMANT be executed within es, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Miltiple Tr BETWEEN ONSET AND GEATH With Multiple Traumatic Injuries 'pending' IMMEDIATE CAUSE (6) peri event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO [pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING 00 PM July 28, 1968 Driver in auto-auto collision cremation. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Md. Rte.3 Gambriels Anne Arundel M.D. 220. I certify that I taok charge of the remains described above, held on Autapsy x, Inspection Inquiry , ond in my opinion death resulted from: Natural causes Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 29,1968 DEPUTY MEDICAL EXAMINER Edward F. Wilson, M.D. 5 m TO FUN Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23g BURIAL, CREMATION **FUNERAL DIRECTOR** VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH





nandasan a madasa ya ta wa iki s mdob Tilly all and a state of the or it is the same and the same of the TENER - HILV III, 1950 Perda Ellan II a Till Cerk. I LKII KII, 1807 II. Land Colored Book of the Colored Calendary Colored Col

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09434 CERTIFICATE OF DEATH the funeral 2 ond 2 irs after deoth. 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR P (Type ar print) HILARY CECIL ROWE JULY 2330 M requires that the death certificate be executed within 24 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS. last birtheay) DAYS HOURS MALE CAUCASION 15 AUGUST 1909 YRS. and completely filled in by remove carbon papers. P yony event, within 72 hadi 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED KNEVER MARRIED DIVORCED [WIDOWED [ANNE ARUNDEL USA ANNAPOLTS. MD 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) **INDUSTRY** vemove carbon ANNAPOLIS, MD. NAVHOSP. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MARYLAND RIVERVIEW AVE, WEEMS CREEK YES X NO ANNAPOLIS. 14. FATHER'S NAME Middle First Middle Last 1S. MOTHER'S MAIDEN NAME First ROSCOE REGINA CATHERINE DAMMYEM CONKLING ROWE 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) D YR thru 60 176-32-0723 MRS. DORALE ROWE, RIVERVIEW AVE, WEEMS CREEK burial, cremation, or remo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EMBOLIZATION IMMEDIATE CAUSE (a) ___ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) ARTERIOSCLEROTIC HEART DISEASE rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d for use as the of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. director, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark TO FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from 2240 12 JUL 19 68, to 2330 12 JUL 68, that (I) saw the deceased olive an 2330 12 JUL, 19 68, and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE 14 JULY 1968 PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS STAFF, NAVAL HOSPITIL, ANNAPOLIS, MD. 23b DATE NAME OF CEMETERY OR CREMATORY 23a._BURIAL, CREMATION, VR A15 (4) 30M REV. 1/68

32,120

	- 45					AND STATE DEPARTM				
1			09427	D	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STR		ARYLAND 21201	09435	
. (= 2)		1 0	CEASED-NAME	First	Middle	Lost	2g. DATE			
\$ (PEA \$			ype or print)	Claude	Meredith			Month - Doy	10×891	2b. HOURA
2 2		3. SE	v	Claude	4. RACE	S. DATE OF BII	Jul		1900.	3:25 M
urs after			M		4. KACE	8-25	2-1890	6. AGE (In years last bythday) YRS.	MONTHS DAYS	HOURS MIN.
9 9 0		7o. E caur	IRTHPLACE (Stote try)	or foreign 75	o. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR WIDOWED DIVOR		of DEATH C	ounty.	Md.
e executed within 24 hu and completely filled in remove corbon papers.	53	10.	TY OR TOWN OF	DEATH	give streety address!	OR INSTITUTION (If not in haspital)		N (Kind of work dane	12b. KIND OF E	
cuted womplete		13o. admi	USUAL RESIDENCE	(Where deceosed	lived, if institution: Residence be	fore 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. YES NO	STREET AND NUMBER,	NOSIAL ST	Vejot.
ate be exectician ond confeose remove	- 1	14. F	ATHER'S NAME	First		1.1	AIDEN NAME First	Middle	N J	Lost
ate be ician c leose ond ir		160	WAS DECEASED E	VER IN U.S. ARMED		SELL INFORMANY	ELLA	*11	DAK	JES
th certificate being chysician then please removel, and			es, nover unknown		r do Social Secu	RITY NO. 17. INFORMANT	2 Russel	L # 13		
P			18 CAUSE OF D	EATH (Enter only o	one couse per line for (o), (b), on	d (c).)	2		APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
eath tendin			PAKI I. DEA	TH WAS CAUSED B	CAUSE (a)	WAL THE	0m30515	<u> </u>	3 4	245
	150		433	37	DUE TO, OR AS A CONSEQUENCE					
equires that the physicion. Signed by the out burial-Ironsit per burial-ironsit per burial, cremotian,			Conditions, if on rise to immedia	γ, which gave	(b) 11616Kg	osclEROSI	5		154	ENES
equires that the physicion. signed by the burial-tronsit burial, cremo			stoting the und		DUE TO, OR AS A CONSEQUENCE	E OF				
rires /sici ned iol-			last. 332	X	(c)					
equ phy sign bur bur	19.5		PART 2. OTHER S	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION GI	VEN IN PART 1(a)	Z VIN	
w r ding een een the r to		NO.	PARI	KIN 50	N'S DISE	AST DIABLE	185 ME/1	1163 CH	Panons	! KOTHE
The loattency hos by se as the prior	- 2	CERTIFICATION	190. DATE OF OPE	RATION 19b. COM	NDITION FOR WHICH OPERATION W	AS PERFORMED 20a. AUTOI		IF YES, WERE FINDINGS O SES OF DEATH?	ONSIDERED IN CE	RTIFYING
or of				VAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCC	URRED (Enter nature of in	jury in Port 1 or Port 2,	Item 18.)	
Pito de fe d		MEDICAL	If either, notify	medical examiner)	HOUR A.M. Month Day	Yeor 19				
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit pershould be filed with the State Dept. of Health prior to burial, cremotian			21d. INJURY OCC While Nat w at work at w	ork		ET, FACTORY.) 21f. LOCATION Street		ty or Town	County	Stote
ING Do t Ter			22a. I certify	that (1) (this	haspital) attended the dee	egsed from	el, 1967, ta	16 JULY, 19	68 , that	(We) last
TTEND lined I OR: Af			conzez z	Talea anover t	(we) (did) (did nat) view	eased from	y)(aur) apinian death	accurred an the do	ite and haur o	and fram the
OR Al			22b. SIGNATURE	Gular	Mod	DEGREE ATTENDIN PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	18
TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by t TO FUNERAL DIRECTOR: After director, poge 3 should be d should be filed with the Store	1		22d. PHYSICIÁN'S NAME (Type	Edward	S. Beck, M. D	22e. ADDI	RESS	in St., Ann	apolis.	Md.
e 4 UNE	0	230	BURIAL, CREMATIC	ON DAT		OF CEMETERY OR CREMATORY		TION (City or Town)	(Caunty)	(State)
Pog To Hog	B	E	REMOVAL (Specify	1 7-2	9-68 MEAI	DOWRIDGE	ELKI	21 MgE /401	WARD	MD.
VR A15 30M REV.	14)	24	UNERAL DIRECTO	10	ADD.	RESS / MA	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S		
SOM KEV.	1/00	10	my IV	May	your curry	0000,1100	DAJUL 3 0 18	68 John	Can June	<u>K.</u>

- 80000 finis more					3.7
er .aser .as	fel. 1	32201	nsibered	shool 3	
	12-18				
. Arunda Tabunak	nnA		27/		
12.45 32.093			3350 7 7	A Problem Land	
12 100 500 7	ME XI	il comi		0.77	
Anna Line		391:31		3312/44/3	
(1) (1) (1)	511.4型, 域	3.854			
					•
					P
	(Most Fi		. G.M., MOSS.		

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 9 4 3 6 CERTIFICATE OF DEATH 1. NAME, OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) puo CT.AR A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ICE (Where deceased lived. If institution: residence before admission B. COUNTY 4. USUAL RESIDENCE after A. STATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN Anne Arundel INSTITUTION D. INSIDE CITY LIMITS? Anne Arundel County YES W NO STREET AND NUMBER event, within 2Th Hill Top Road HILL TOP ROAD carbon completely 5. SEX 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED X If Under 1 Yr. If Under 24 His. last birthdov Months Days Hours PHYSICIAN: The law requires that the death certificate be executed WIDOWED DIVORCED 10A. USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (Stote or foreign country) and in any 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) puo physicion a PENNA 14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME signed by the ottending physic burial-tronsit permit. Then pla burial, cremation, or remaval, CHARLES SCHMIDT

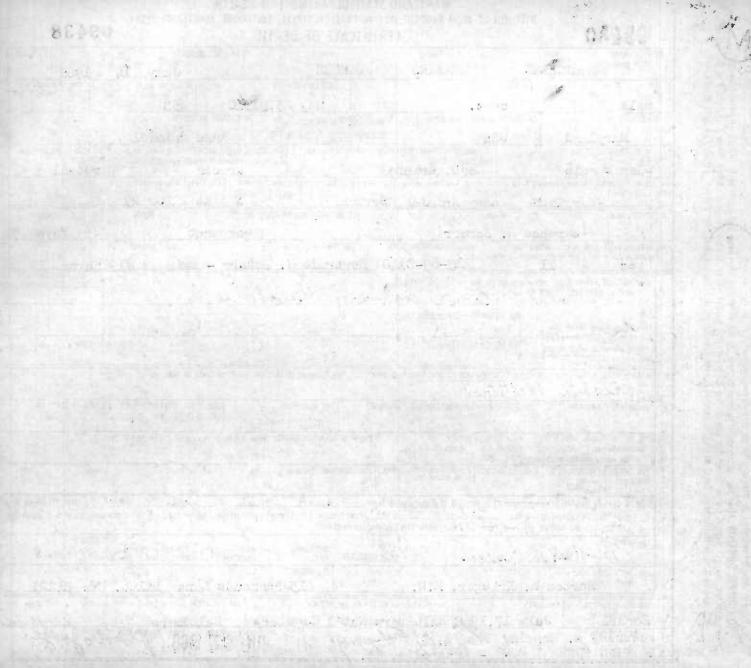
15. Was Deceased Ever in U. S. Armed Forces? MCETWEE 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO Thomas Schmidt 2Ih Hill Top Rd. Baltimore 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH attending physicion. (This daes not mean the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stoting the use detached for use te Dept. of Heolth UNDERLYING CONDITION last. this certificate hospital or 11 TION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL 22. I certify that (I) (this hospital) attended the deceased fram the Stote OR ATTENDING After that (1) (we) last saw the deceased alive an and that in (my) (our) apinian death occurred be retained and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. director, page 3 should should be filed with the TO FUNERAL DIRECTOR: 23A. SIGNATURE 23B. DATE SIGNED Attending -Med. Staff Phys. Director TO HOSPITAL Page 4 moy b 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Sidney Gehlert 4700 Pennington Ave. DEGREE Balto 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) (City, town, or county) (State) BURIAL 7/II/68 Fountain Springs Cemetery ASHLAND PENNA VR A15 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR 30M REV.

		a.	-
8. 3			
	2010 (2) (44) 2		
		CO MAN AND MAN AND AND AND AND AND AND AND AND AND A	
		Total first stool is	
New profit			

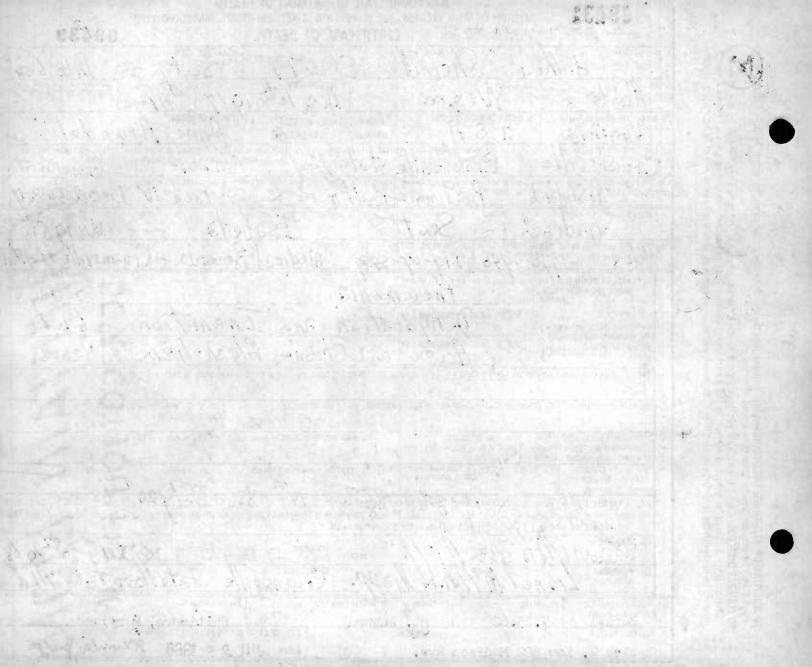
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09437 CERTIFICATE OF DEATH I. DECEASED-NAME Middle 2a. DATE OF DEATH (Type or print). Bernard Schobero pletely filled in by the fur corbon popers. Poges 1 ve corbon popers. Poges 1 event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR IF UNOER 24 HRS within 24 hours after last birthdoy) MONTHS HOURS 3.21. W 909 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore, Md. USA WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) **INDUSTRY** NAPOLIS 1 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN ed odmission) STATE 13b. COUNTY NO T 1012 Stewart Glen Burnie exe ond in ony 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle puo Gaudner DCHOBER6 HERMAN pleose signed by the attending physicial buriol-tronsit permit. Then pleos PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 216-01-9855 Mrs. Alice Schoberg, same as 13 buriol, cremotion, or removol APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 moy be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES F director, page 3 should be detached for use should be filed with the Stote Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 2007, 1965, to 20 July, 1969, that (I) (we) last saw the deceased alive and July 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR DEGREE 224 PHYSICIAN'S 22e. ADDRESS Edward S. Beck. Annapolis. Md. NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) Baltimore, Md. 21225 Holy Cross Cemetery 23 July 68 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 Kirkley Funeral Home, Glen Burnie, Mi. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

2 TEA Printed Mi , ascentates Augustus August Home Postal Clark AA Glen Rurale to 1012 Stewart Inne Schaller Rose Replan 15 9 CLO 313 H 216-01-98-5 tire. Alice Scinberr, Borse an 15 an estimate Maria Equival S. Book, D. Burlal Stain 68 Holy Tons Constant 2011 1 200, 4, 218 5 Canter superal sons, Olan Sunday, Fig.

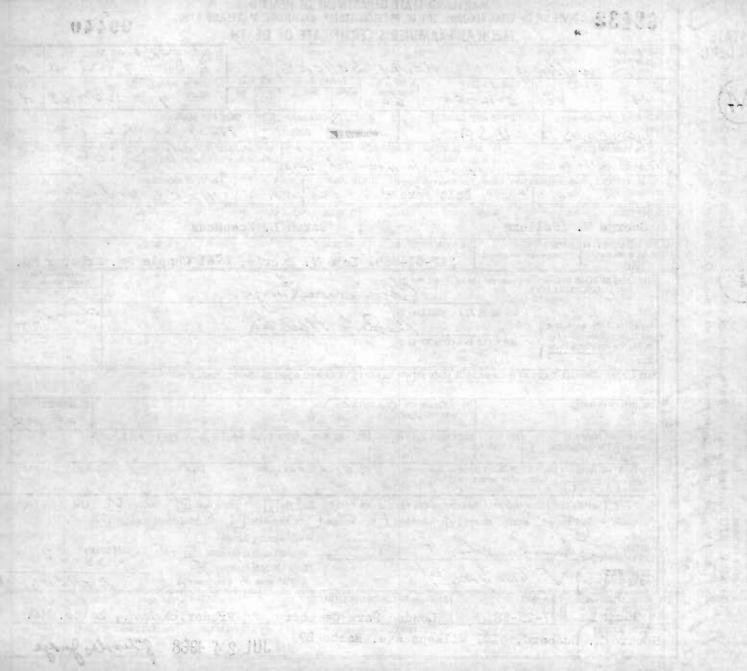


			MAKTLAND STATE DEPARTMENT OF HEALTH	
		T	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tems 5&6, FilmG403 7/31/68 km CERTIFICATE OF DEATH	00/20
V	L .	_	ECEASED-NAME / First / Middle /: Lost 2a. DATE OF DEATH	09439
	death		SCOTT JUNONTH 200	y Year 68 6 55 M
atter a	ofter of	3. SI	Hale Man I was lost interested to	IE UNDER YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
ours o	Pag Urs	70. 1	102 F10 HELD 19/2019 1 5/50YRS.	
24 ho	pers. 72 ho	cour	Virginia U.S. A. WIDOWED DIVORCED Anne Aru	indel. Md.
ecuted within 24	bon papers. within 72 h	10.	THE OR TOWN OF DEATH U. NAME OF HOSPITAL OR INSTITUTION (If not in haspito) 12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
cuted v	ony event,	13a. adm	USUAL RESIDENCE (Where dyceosed lived, if institution: Residence before 13 OTY OR JOWN 13d. INSIDE (ITY LIMITS? 13e. STREET AND NUMBER ISSIAN) STATE 21 And 13b. COUNTY 31 INSIDE (ITY LIMITS? 13e. STREET AND NUMBER 13c. STATE 13b. COUNTY 31 INSIDE (ITY LIMITS? 13c. STREET AND NUMBER 13c. STATE 13b. COUNTY 31 INSIDE (ITY LIMITS? 13c. STREET AND NUMBER 13c. STATE 13c.	Broadway
be exe	in ony	14. 1	FATHER'S NAME First Ack Middle Scott Is. MOTHER'S MAIDEN NAME First / Middle Middle Scott Isabella —	Wright
ificate t	ol, and	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? / 16b. SOCIAL SECURITY NO. 17. INFORMANT. 1 Address	wasville Hogital
cert	Then		18. CAUSE OF DEATH (Enter anly ane cause per line for (5), to), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce	or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREUMONIA.	2-0248
offer of	permit. Ian, or r		Conditions, if any, which gave) DUE TO, OR AS DENY dration and Inanition	11.160
at to	mail		rise to immediate couse (o).	6 WKS
res th	burial, crematio		stating the underlying cause of the underlying cause o	Years
/ requi	to bur	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART $1(0)$	
The low requires that attending physician, has been signed by	h prior	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NOTE CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after etoined by the hospital or attending physician.	director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, crematian, or removol, and in ony event, within 72 hours ofter	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19	Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or principle of principle or principle.	etached Dept. of	ME	21d. INJURY OCCURRED While Nat while of work of work	County Stote
DING by th	be d State		22a. I certify that (I) (this haspital) attended the secensed from June 14, 19,68, ta July 20, 19, sow the receased alive on July 20, 19, and that in (my) (our) opinion death occurred on the day	the end have and from the
TEN ined	ould the		causes stated obove. (1) (sye) (did) (did not) new the bady ofter death.	ne ond hadrana from the
OR AT	3 sh d with		22b. ATGNAJERE ATTENDING MED. STAFF DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	DATE SIGNED 72/9 68
TO HOSPITAL OR A Page 4 moy be re	r, page		22d. PHYSICIAN'S NAME (Type) Lione Myter 14 Mapp 220 ADDRESS VILLE STate HOS)	oital Md.
HOSI ge 4	Pould	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
5 P	中京人		REMOVAL (Specify) Burial 7.25.68 Mt. Auburn Baltimore, Mar	vland
3	VR A15 [4]		to the second se	conlas Judge
			Charles R. Law 802 Madison Ave. DATE JUL 2 5 1968	1-0

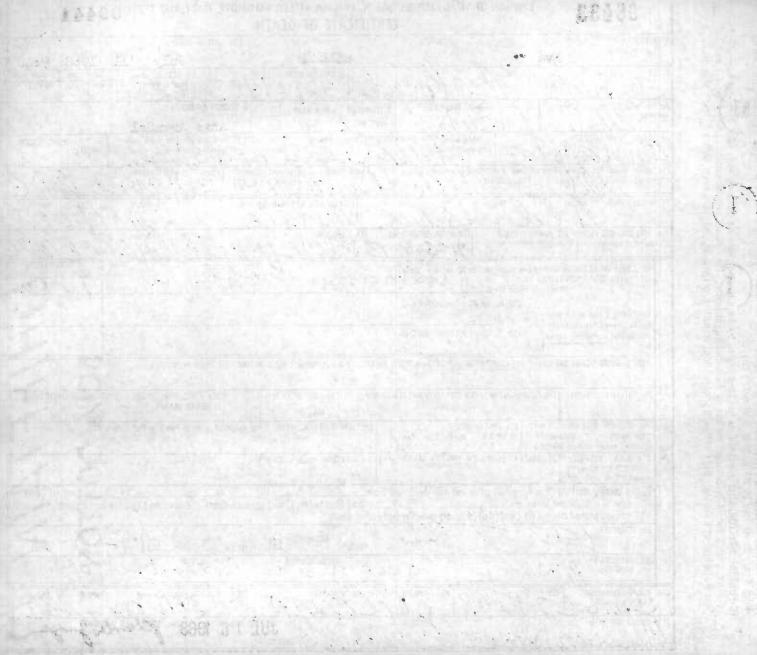


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09440 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME First Middle Yeor 2b. HOUR (Type or Print) OF ESTI-HENRY Seller 1966 AM DEATH MATED 3 IF LINOER 24 HRS. 4 RACE 6. AGE (In years 2c DATE PRONOUNCED DEAD 2d. HOUR S. DATE OF BIRTH 2 Yeor 3-16-08 11 60 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Give Pages 1, form ANNE. ARUNDEL DIVORCED [MARYLAND land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND DF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 9/en BURNIC 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STRFFT AND NUMBER 13b. COUNTY Baltimore Bullinee 912 Enmscy-St YES NO Office in Item 1 ofter Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle George W. /Sellers Sarah L. Stephens pages hours 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS executed within (Yes. no. or unknown) 217-01-8807 Iola V. Everly, 4761 Chaple Sq. Arbutus Md. No within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) pendin per Week DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (o), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) removal, nsed 20. AUTOPSY? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate, YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County foctory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection V Inquiry ond in my opinion Accident . Suicide . Homicide death resulted from: Notural couses Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** E. LIW HARSY may Health ADDRESS(Street, city, town, or county) NAME (Type) 50 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial Frederick Ave., Balto. Md. 7-25-68 Loudon Park Cemetery FUNERAL DIRECTOR
Howard H. Hubbard, 4107 Wilkens Ave. Balto 29 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE JUL VR A15ME (5)

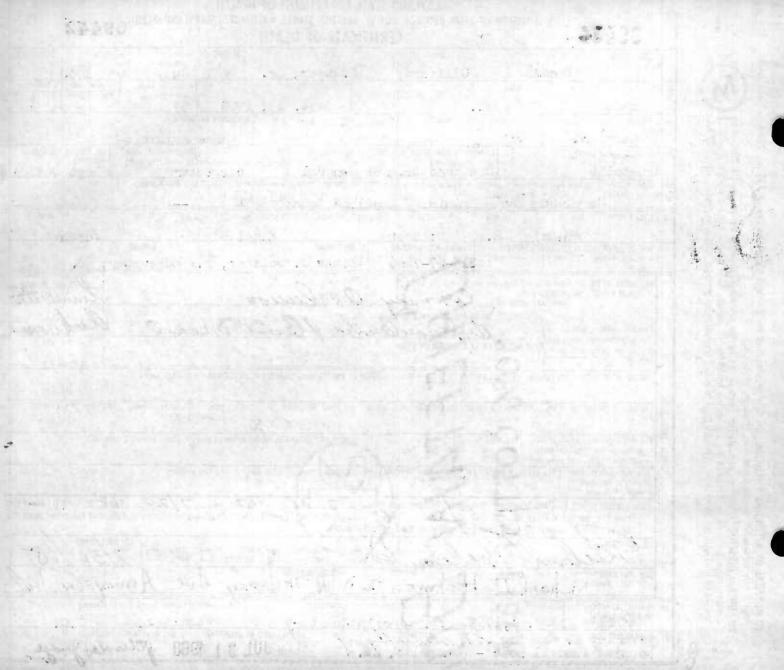
MARYLAND STATE DEPARTMENT OF HEALTH



	1			MAKILAND	STATE DEPARTMENT OF	ULALIH			
		09433	DIV	ISION OF VITAL RECORDS, 30	1 W. PRESTON STREET, BALT	IMORE, MARYLA	ND 21201	01.1.4	
		44309		CFI	RTIFICATE OF DEATH			アンラスド	
- 2 -	1 0	ECEASED-NAME	First	Middle		0 0475 05 0517			
death.		vne or print)		Widdle	Lost	20. DATE OF DEATH		V	2b. HOUR
			Eva.	0 0	SELLMAN	Ji	lanth Day	1968	9:40 M
hours after death	3. SI	Formal	7 4.	RACE / O VIOLO	5. DATE OF BIRTH	6. AC	E (In years birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
LIS OF STA	1	Service		LU Que	6 1 - 1	00 6	YRS.		
hour bour	/O.	BIRTHPLACE (State or foreign	/b. (ITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEAT	H		
2 e =		DEN OR TOWN OF DEATH	1/	1101A. IN	IDOWED DIVORCED	Anne Ar			Md.
physician and completely filled in please remove carban pop avol, and in any event, within in a pop a pop and in any event, within in a pop and in a p	4	mape	Elix	11. NAME OF HOSPITAL OR HISTITL give street uddgrss)		AL OCCUPATION (Kind ast of working life e		12b. KIND OF E	BUSINESS OR
co event,	13o. adm	USUAL RESIDENCE (Where of ssion) STATE	eceosed liv	ed, if institution: Residence befare 13	CITY OR TOWN 13d. INSIDE CITY I		ND NUMBER	11/	200
ony eve		ATHER'S NAME - Wist		war	UVVVIII T	00 /5/	ave	L 1/4	WC.
d in ar		1/4	ed	Middle Blax	TS MOTHER'S MAIDEN NAME	First	Middle	the	Lost
burial, crematian, ar rēmaval, and in any —	16a. Y	WAS DECEASED EVER IN U.S es, no, or unknown) (If ye	ARMED FO	ORCES? 16b. SOCIAL SECURITY NO. 12. 734899	7. BIFBRMANT	TWO POI	Address	100	Mich.
hen		IR CAUSE OF DEATH (Ent	or only and	cause per line for (a), (b), and (c).)		100	1100	APPROXIM	ATE INTERVAL
- « <u>a</u> .		PART I. DEATH WAS (AUSED BY:	couse per line for (d), (b), dia (c).	enny In	lolin	20	BETWEEN ON	SET AND OEATH
ermít. an, ar r			MEDIATE CA	USE (a)		70	-	10	ch
sit permit. Th		7017		DUE TO, OR AS A CONSEQUENCE OF					.)
burial-transit burial, cremat		Conditions, if any, which o		(b)					
e		nse to immediate cause stating the underlying co		DUE TO, OR AS A CONSEQUENCE OF					
		lost.	026	(c)					
2		PART 2 OTHER SIGNIFICAN	T CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT R	TIATED TO THE TERMINAL DISEASE OR	CONDITION CHIEF IN D	107.1/.		
X X X X X X X X X X X X X X X X X X X		ART Z. OTHER SIGNIFICAN	CONDITIO	AS CONTRIBUTING TO DEATH BUT NOT K	CEATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PA	AKI I(0)		
	NO	76 X	101 001						17
V	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION WAS PERFOR	MED 20a. AUTOPSY?		VERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
1	ZTIFI				YES NO	CAUSES OF DE	AIH?		
		210. ACCIDENT WAS UNDE		21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	r noture of injury in P	art 1 or Part 2. I	tem 18.)	
	S	or contributing cause of the either, natify medical e	F DEATH	HOUR A.M. Manth Day Year P.M.		,,	-,	,	
	MEDICAL	21d. INJURY OCCURRED	210 DIACE		21f. LOCATION Street or R.F.D. No	6:1			
		While Nat while at wark of work		OFFICE BUILDING, ETC.		. City ar Tov	vn	County	State
		22a. I certify that (1)	(this ha	spital) attended the deceased f	ram, 19_	, ta	, 19_	, that	(I) (we) last
4		saw the decease	d alive o	in1919	, and that in (my) (aur) api	nian death accurr	ed on the dat	te and haur a	nd fram the
			oave, (I)	(we) (did) (did not) view the bod	y atter death.				
	M	22b. SIGNATURE	111 -	- INIX	ATTENDING DE A	MED. STAF	22c. D	ATE SIGNED	0/
		V		11009	DEGREE PHYS.	MED. STAF		- 1)-	6
1		22d. PHYSICIAN'S NAME (Type)	015	TOL	22e. ADDRESS	W.K	-la 2	CX	
1	220		23b. DATE	1 100 NAME TO COLUMN	TENY OF COLUMNON	La constant		7	4 7
(REMOVAL IS PACIFY AC	J. DATE	7-68 23C. NAME OF THE	TERY OR CREMATORY	28d. LOCATION (Gity	May	(County)	Stote
1	24.	FUNERAL DIRECTOR	0	ADDRESS	250. RECPIB	Y REGISTRATO CO25	b. POSTRAR'S	TUTAKU	08
10	U	lellan	1100	DO#UNN	DATE DATE	10 1000	1	0	-

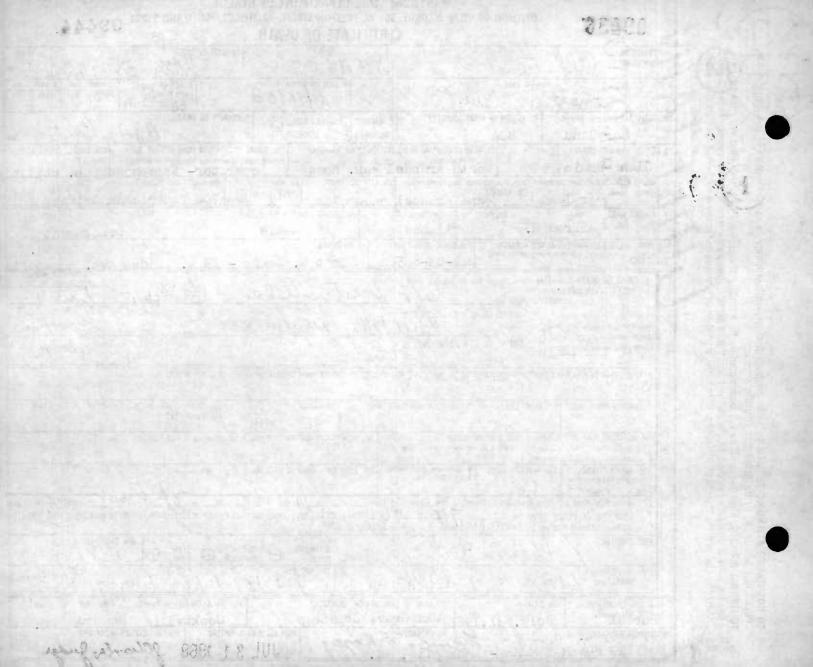


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR (Type ar print) Month Year Thomas Clifford Seltzer. Sr. July 968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) HOURS male cauc. Sept. 13. 1908 YRS within 24 hours filled in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED country) Maryland USA WIDOWED [DIVORCED [Anne Arundel 10. CITY OR TOWN OF OEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY carbon Annapolis DOA Anne Arundel General carpenter Boat building burial, cremotion, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO TH Maryland Moodland requires that the death certificate be exe 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last puo Francis Seltzer For man ottending physician permit. Then pleose 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 215-07-7446 Thomas C. Seltzer, Jr. Edgewater. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A COMSEQUENCE based disease signed by the burial-transit Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b f Health prior to b TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low Page 4 moy be retained by the hospital or ottendin 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year be detached for State Dept. af H (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram-_1962, and that in (my) (eur) opinian death occurred an the date and haur and fram the saw the deceased alive an_ 5 /3/ director, page 3 should should be filed with the causes stated above, (1) (west (did) (did nat) view the body after death 226 SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) m were 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 1.1968 Lincoln Cemetery Washington 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hopping DATE JUL 3 1 1968 Hopping Funeral Home - Annapolis, Md. 30M REV.



85480 Person Land Acade State State State of the State of Physics 1 'Bg . JULY 3 1888 FORESTEEN NOW YOUR

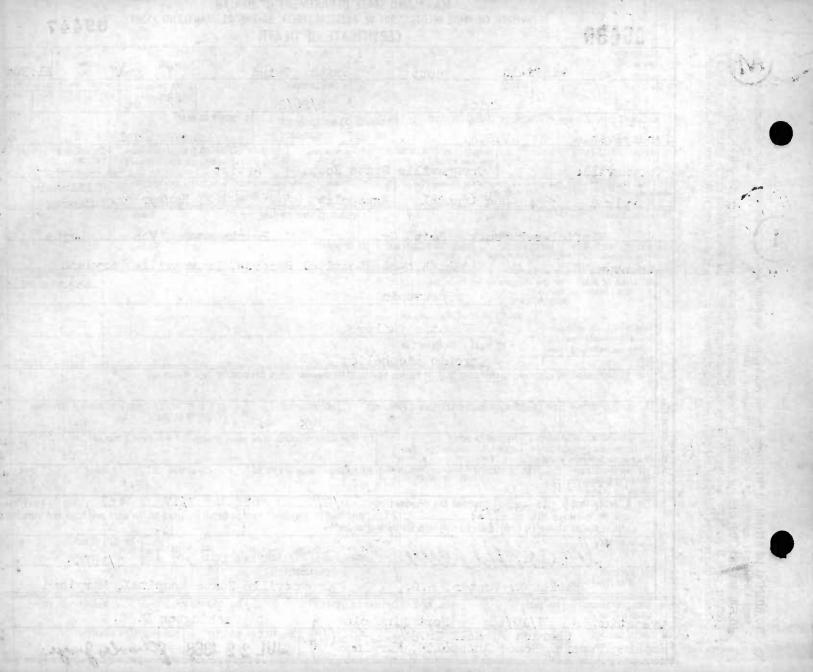
7534		1		IV.	MARYLAND STA	TE DEPARTMEN	IT OF HEALTI	H		
15	1		09436	DIVISION OF VITAL	RECORDS, 301 W	. PRESTON STREE FICATE OF DE	T, BALTIMORE,	, MARYLAND 21201	09444	
	to the second		ECEASED-NAME (ype or print)	ita	Middle	LANCE	2a. D	ATE OF DEATH Month Do	Year 68	2b. HOUR
	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ined by the haspital ar attending physician. No. After this certificate has been signed by the attending physician and completely filled in by the fageral build be detached far use as the burial-transit permit. Then please remay contain papers. Pages 1 and the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after dash.	3. S	x Foliale	4. RACE (whit		S. DATE OF BIRTH	103	6. AGE (In years last birthday)		UNDER 24 HRS. OURS MIN.
	by the Page Purs a	70.	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUN	TRY? B. MADD	IED NEVER MARRIED	9. COUN	ITY OF DEATH		
	in 24 haurs a' illed in by the papers. Page hin 72 hours a	cou	Maryland	USA	WIDOV	/ED DIVORCED		A.6	1. County	Md.
	ithin 24 filled an pape within 77	10.	CITY OR TOWN OF DEATH Glen Burnie	give street odd	ospital or institution ress) Arundel Co	(If not in hospital	during most of we	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF BUS	
	evenit, w	13a. odm	USUAL RESIDENCE (Where decease	sed lived, if institution: Resid	dence befare 13c. CIT	OR TOWN 13d.	INSIDE CITY LIMITS?	tor- telepho		<u>tiliti</u>
			raryland		rundel Ann	apolis	A -		na Drive	
	and remain any	14.	FATHER'S NAME First Alfred	Middle R.	lance	IS. MOTHER'S MAIDE	n name Hirst amie	Middle		Lost
143	physician and he no physician and lease remainand, and in any	16a	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT		Address	DeLashmen	Md.
	phys en p aval,		, HO	k12-	03-6856A	Albert R.	Lewis -	18 N. Linden	Ave. Ann	apolis
	ne death ce attending permit. The ion, ar remo		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	lly ane cause per line far (a) D BY:	(b), and (c).)	utri-a	la.	Ja, Ou	BETWEEN ONSET	AND DEATH
	atter ermi on, a		203 X	DUE TO, OR AS A CON	SEQUENCE OF		4	face	Com	
	the the sit p		Conditions, if any, which gave rise to immediate couse (o),	(b)	mely	Po Ruyel	ena		Meer	The.
	AN: The law requires that the death certific al ar attending physician. icate has been signed by the attending physicar use as the burial-transit permit. Then phealth priar ta burial, cremation, ar remaval,		stoting the underlying couse	DUE TO, OR AS A CON	SEQUENCE OF achex	ia			un,	th,
	The law requires th attending physician. has been signed by se as the burial-traith priar to burial, cre		PART 2. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO		D TO THE TERMINAL DIS	SEASE OR CONDITION	N GIVEN IN PART 1(0)		
	of the law rate of the law rate of the law rate of the law been se as the hariar ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA		20a. AUTOPSY		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTI	FYING
met -	start att	E	ON ACCIDENT WAS UNDERLINE	10	1	YES 🗀	NO [
45.4	ICIAN: bital artificate tificate d far of af Hea	MEDICAL C	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAL (If either, notify medical exami	HOUR A.M. Month	Doy Yeor	c. HOW INJURY OCCURR	RED (Enter nature	of injury in Part 1 or Part 2,	Item 18.)	
	OR ATTENDING PHYSICIAN be retained by the haspital SIRECTOR: After this certifica e 3 shauld be detached far ed with the State Dept. af He	ME	21d. INJURY OCCURRED While Nat while at wark 21e.	PLACE OF INITIRY / AT HOME,	FARM, STREET, FACTORY.) 21	f. LOCATION Street or	R.F.D. Na.	City ar Town	County	State
	by the free the depth of the de	3	22a. I certify that (I) (th	is haspital) attended t	he deceased fram	6/21		10 7/28, 19	6 , that (I)) (we) last
	TEND ined It OR: Af auld It the S	0	saw the deceased a causes stated above	live an, (I) (we) (did) (did ha	19 (), view the bady af	and that in (my) (ter death.	(aur) apinian de	eath accurred an the d	ate and haur an	d fram the
	RECTOR Shorth		22b. SIGNATURE	U. au	1000	DEGREE PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	
	Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt		22d. PHYSICIAN'S NAME (Type)	x C FA	ANK 40	22e. ADDRESS	5	Riteles Her	- Shen	Bernine
	UNE UNE Toldar	230	BURIAL, CREMATION, 23b.	DATE 12°	3c. NAME OF CEMETERY			OCATION (City or Town)		(Stote)
	O O O O O O O O O O O O O O O O O O O	200	DEMOVAL (C : C.)	ulv. 31.1968	Oak Grove				1	(d
	VR AIS IN		ELWERAL DIRECTOR . HOD	ping 6	ADDRESS -	- 250	o. REC'D BY REGIST	RAR 2Sb. REGISTRAR		
	30M REV 1/68	H	OPPING FUNERAL	HOME - Annar	polis Md.	1 DA	ATEJUL 31	1968 pcho	was Judg	~



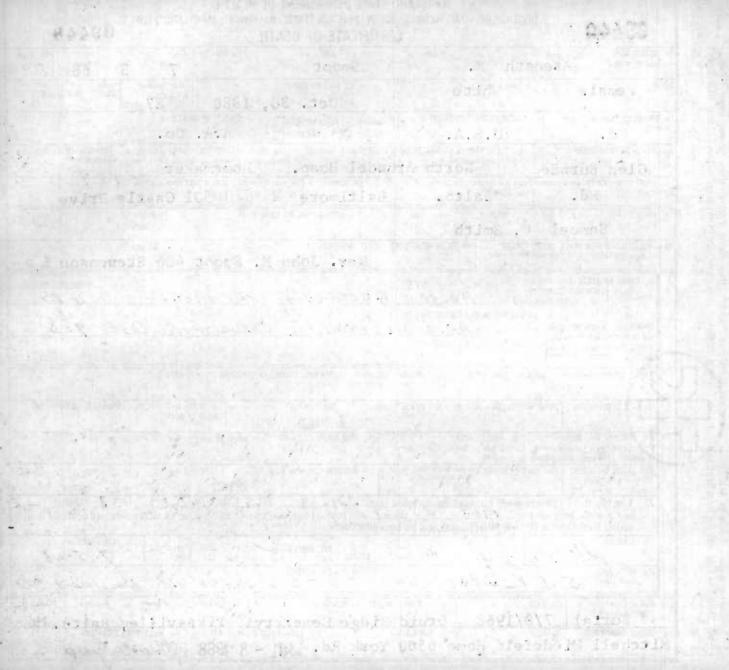
1		1013*	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE ERTIFICATE OF DI	T, BALTIMORE,		09445
er deoth. funerol 1 ond 2 ier deoth.		CEASED-NAME First (Ype or print)	Middle M •	Lost SKALSTAD	20. DA	TE OF DEATH JULY Month De	25. HOUR 21: M2
rs after the fur angles I	3. SE	MALE	4. RACE WHITE	S. DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 hours	cour (CALLFORNIA	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIEI WIDOWED DIVORCED	AINI	NE ARUNDEL	Md.
ed within 24 pletely filled carbon pop	(TITY OR TOWN OF DEATH GLEN BURNIE LISTAL RESIDENCE (Where deceses	11. NAME OF HOSPITAL OR INS give street address) NORTH ARUNDE	L	during most of wor	ATION (Kind of work done rking life, even if retired.)	
executed with		TATULD'S MARKE STATE	ed lived, if institution: Residence before 13b. COUNTY IT MORE Middle Lost	BALTIMORE YE		3e, STREET, AND NUMBER P.	ARK HEIGHTS AVE.
ficate be exergistate on the state of the st		WAS DECEASED EVER IN U.S. ARA			N NAME First Unk	Address	Lusi
th certifica	Y	es, no No unknown) (If yes give w	(ar or dates of service) 213-10-69	74 Family		Same	APPROXIMATE INTERVAL
equires that the deal physician. signed by the attent burial-transit permit	NOI	Conditions, if any, which gove itse to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ADITIONS CONTRIBUTING TO DEATH BUT NO	Tufar of related to the terminal di			BETWEEN ONSET AND DEATH
AN: The low re ol or ottending icote hos been for use as the Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERATION WAS PEI	YES TO	NO 🗆 C	Ob. IF YES, WERE FINDINGS AUSES OF DEATH? f injury in Port 1 or Port 2,	
YSICIAN ospitol c certificot hed for it. of Hec	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Day Yeor ner) P.M. 19			City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to buri		While Nat while 22a. I certify that (!) (the sow the deceased a	is hospital) attended the deceose live onl e, (I) (we) (did) (did nat) view the I	d from 7-20 9, ond that in (my) (1968 to	ath occurred on the d	OG . that (1) (we) last
dv dv		Robert 1994 PHYSICIAN'S	Daloeing MOERT DABOLINS	22e ADDRESS	MED. DIRECTOR S as'es Havay	STAFF PHYS.	Buni Ma
TO HOSPITAL (Poge 4 may b director, poge should be file	7	BURIAL, CREMATION, 23b. REMOVAL (Specify)		Cross Cem	Rit	CATION (City or Town)	(County) (State) AA Co Md
VR A15 V68	24, VM:	Cully F. H.	V37 Patapsio C		LUL 26	1968 SCLON	

					155 IF 400F
	7 Zanielia				
		-1-1			
				ALT.	
	ness	VILLENS	7		2
	49				
00	well with the	200	TO THE PARTY OF TH	30 300	C

		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9446
HEALTH DEAT.	1. D	DECEASED-NAME First Middle Lost 20 DATE KNOWN S Month	Doy Year 2b. HOUR
.π o γ γ γ	- (Type or Print)	14 68 19 M
delay and 3 M3. Pa	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
y delly and PM3.		MONTHS DAYS HOURS MIN Month 7 Day ,	4 Year 168 19 M
- C C	7a. i	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
to be to		Maryland U.S.A. WIDOWED DIVORCED P. F. CO.	Md.
ours ofter death. In 18. Give Pages ffice along with for and 2 with the Stote ter death.	9	Very BURNIE give street oddress) NORTH-NORTH-MRUNDEL - during most of working life, even if settled. Tet.	2b. KIND OF BUSINESS OR NDUSTRY ICE Busines:
s ofter de 18. Give F along with the death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
rs o 18. ce al ce al 2 w		MU 127 CO 100 143-15410-	Seneren - Met.
hours Kem 1 Office I ond 2 after d	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	160.1		Leopold
Examination 24 Examination 24 File pages		(es, no, or unknown) (if yes give war or dates of service)	
		No //////// 217-07-9491 Mrs. Betty A. Luzier (daughte: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	APPROXIMATE INTERVAL
a. 7 + 7		PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (g) Cuellage disease	BETWEEN ONSET AND DEATH
x P & d t		429 9 DUE TO, OR AS A CONSEQUENCE OF	success .
be executed the second		Conditions, if any, which gove	
word the Ch riol-tre		rise to immediate couse (a), (D) DUE TO, OR AS A CONSEQUENCE OF	
S o o o ii		lost. (c)	
nd the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tifica riting arder d as d as	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	Lee Auxonous
certii, writh forward orsed used imovo	CERTIFICATION	196. CONDITION OPERATION WAS PERFORMED?	20. AUTOPSY?
in the second	CERTI	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Iter	YES NO
100 700	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	111 10.)
INE casho sho file file 3 sh	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State
EXAMINER: cute the certil oge 4 should r your files. Page 3 shoul I, cremation,	0	WHILE NOT WHILE of foctory, office building, etc.)	
bical EXAM blease execute the director. Page 4 etained for your DIRECTOR: Page or to burial, crem	8	22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🔀	and in my apinian
e e e e e e e e e e e e e e e e e e e		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner [
please direct estaine DIRECT DORECT OF TO BE		ACTUAL CHIEF MEDICAL EXAMINER	
TY YY, P		SIGNATURE	
SSOOY, Funeral on be ray by the price of the p		[EAAMINGE]	4.68
TO DEPUTY SICAL EX. necessory, please execute the funeral director. Page 5 may be retained for you ro Funeral Director. Page Health prior to burial, c.	230		(County) (Stote)
+	200.	Burial July 17, 1968 Nichols Bethel Cemetery Odenton. Ma	
2	24.	FUNERADORECTOR STAIGLETTING STAIGLETTING PROPERTY LEVEL 1250. REGISTRAR	GNATUR
VR A15ME [5]	1	Le englelo GLEN BURNIE, MARYLAND DATE JUL 17 1968 Julian	ves judge
23	-		



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 CERTIFICATE OF DEATH	09448
	CERTIFICATE OF DEATH	
	DECEASED-NAME (Type or print) Asenath E. Middle Lost Smoot 20. DATE OF DEATH Month	Day Year 26. HOUR 8 P. N
	Female 4. RACE White 5. DATE OF BIRTH Oct. 30, 1880 6. AGE (In lost birthe) 0 8	yeors IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
	BIRTHPLACE (Stote or foreign Md. 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED A.A. Co.	Md
1	Glen Burnie 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Arundel Hosp. 120. USUAL OCCUPATION (Kind of word during most of working life, even if Homemaker)	ork done 12b. KIND OF BUSINESS OR INDUSTRY
	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before nission) STATE Md. 13b. COUNTBalto. 13c. CITY OR TOWN Baltimore YES NO 501 Ca	JMBER Stle Drive
	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Samuel D. Smith	Middle . Lost
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Rev. John M. Smoot 406	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: HMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if dry, which gove rise to immediate couse (o), stoting the underlying couse (o), DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16.	Dis. 945.
X	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 20b. IF YES, WERE F CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 121b. TIME OF INNERY 121c. HOW INNERY OCCURRED. (Enter nature of injury in Port 1 of	FINDINGS CONSIDERED IN CERTIFYING
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.	or Port 2, Item 18.)
١	While of work of work	County State
	220. I certify that (I) (this hospital) ottended the deceased fram Jia/4 3 , 1965 , ta Ja/4 saw the deceased alive an Mar - 24 1967, and that in (my) (our) apinian death accurred a causes stated abave, (I) (we) (did) (did not) view the bady after death.	3 , 19 68 , that (I) (we) last nithe date and haur and fram the
	22b. SIGNATURE ATTENDING DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 22d. PHYSICIAN'S	22c. DATE SIGNED 7-5-68
	NAME (Type) J. J. YENABLE, JR 7215 YORK Rd	- BAITMON MO
ı	b. BURIAL (REMATION, REMOVAL (Specify) at 7/8/1968 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or To Public Removal Specify) 23d. LOCATION (Gity or To Public Removal	, , , , , , , , , , , , , , , , , , , ,
	FUNERAL DIRECTOR ADDRESS 250. RECTO BY REGISTRAR ADDRESS 1250. RECTO BY REGISTRAR 250. RECTO BY RECTO BY REGISTRAR 250. RECTO BY REGISTRAR 250. RECTO BY REGISTRAR 250. RECTO BY RECTO BY RECTO BY REGISTRAR 250. RECTO BY RECTO	



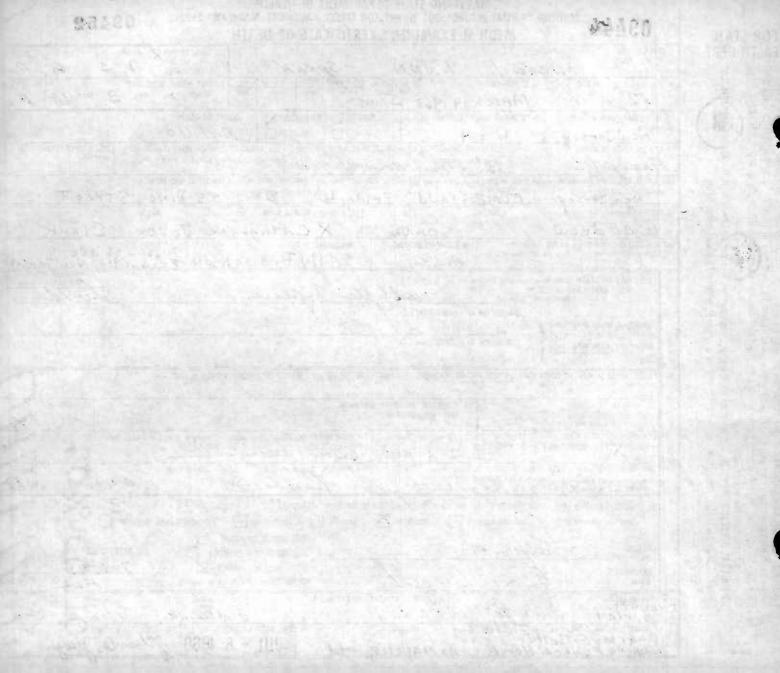
-		n 18 Film 403 8-20-6	8arMARYLAND STATE DE	PARTMENT OF HEALT	Н	
4	1	DIVISION OF	VITAL RECORDS, 301 W. PRES	TE OF DEATH	E, MARYLAND 21201	9449
	27.	SED-NAME First	Middle		DATE OF DEATH	2b. HOUR
170	funeral I and 2	or print) WILLIAM	M. SNEED	- 77	7 Month 14 Day	68 Yeor 1945M
	after des 1 after	MALE 4. RACE CAUC		DATE OF BIRTH 11 AUG 1925	6. AGE (In years last hirthdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
6	4 hours	HPLACE (Stote or foreign 7b. CITIZEN OF WHUSA USA	MANNILD 2	THE VERT HIS RELEGION OF THE PARTY.	NTY OF DEATH NNE ARUNDEL	Md
	within 24 sale filled san page within 7	OR TOWN OF DEATH 11. N. giye.	AME OF HOSPITAL OR INSTITUTION (If not in street address) MBROUGH ARMY HOSP	hospital 12g USUAL OCCL	IPATION (Kind of work dane vorking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY FORT MEADE
	d campletely fi	ANNE A	ian: Residence before 13c, CITY OR TO ODENTON	WN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 516 Prince Ch	
	d co	IER'S NAME First Middle	Lost 15. M	OTHER'S MAIDEN NAME First	Middle	Lost
	d Can	William M.	Sneed		MECEASED	Smith
	physician en please aval, and	AS DECEASED EVER IN U.S. ARMED FORCES? On or unknown) (If yes give war or dates of service) YES Korean	16b. SOCIAL SECURITY NO. 17. INFO 427-20-9081 Eil	een Sneed 516 1	Address Prince Charles	Ave
	equires that the death copysician. signed by the attending burial-transit permit. The burial, crematian, or rem	nditians, if any, which gove) to immediate couse (a) (b)	AS A CONSEQUENCE OF TO WISH		LAD mg Perter	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	The law attendin has bee se as the prior		ICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	pital ar rtificate d far u of Heali	D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M.	Manth Day Year	INJURY OCCURRED (Enter noture	af injury in Port 1 or Part 2, It	em 1B.)
	G PHYS the has this ce detache te Dept.	work at work	(AT HOME, FARM, STREET, FACTORY,) 21f. LOCAT OFFICE BUILDING, ETC.		City or Town	Caunty State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	da. I certify that (I) (this hospital) att saw the deceased alive an causes stated above, (I) (we) (did)	ended the deceased fram 19, and the did not view the bady after dec	hat in (my) (our) opinian outh.	death accurred an the dat	e and haur and fram the
	OR AT be reta DIRECTO	b. SIGNATURE ROUM (N)	Buck DEGREE	ATTENDING MED. PHYS. DIRECTOR	STAFF 22c. D	ATE SIGNED JULI 148
	Page 4 may O FUNERAL I director, pag shauld be fill	d. PHYSICIAN'S NAME (Type) JOHN W.	BARNAR>	22e, ADDRESS Comporary	oh Homy	Josep
	Page To FUI direct shau	IRIAT, CREMATION, 23b. DATE MOVAL (Specify) July 18,190			COCATION (City or Town) Ft. Meyer	(County) ∜ (Stote)
	VR A15 (4) 30M REV. 1/68	FEAT DEGREE. Hopping	Annabolis Md.	DATE 2So. REGID Y REGIS	PAR 1968 Sb. RESTAR'S	iles Judge

67783 in Action Continued; are alter to realize the souly addition of the complete are the control of the Eddings of the Control of the Co

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09451 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle SOVIENSMI) 2a. DATE KNOWN 2b. HOUR Year (Type or Print) ESTI-PM 194 OUMVSK DEATH MATED seph 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) Year 7.1907 Jul. 60 YRS Depor 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH 4 should be forworded to the Chief Medical Examiner's Office along with farm ANNE Anoudel. WIDOWED [DIVORCED [Ohio the Stote 10. CITY OR TOWN OF DEATH ... 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY handyman Tavern with 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY A.A odmission) STATE Item 18. Herald HarborES - NO X 512 Ceder lond2 ofter 4. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Last Middle Michael Sovienski Agnes Rosemark .⊆ pages hours within 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Md. (Yes, no, ar unknawn) 217-32-3768 Raymond Wezik - Crownsville P.O. Crownsville File within .⊑ be executed 18. CAUSE OF DEATH (Enter only one cause per line far-top (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) ony event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if only, which gave rise to immediate cause (o). writing the word certificote should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= removol, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificote, YES 🗍 NO S pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK pleose execute 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🔀 Inquiry X ond in my apinian director. Accident . Suicide death resulted fram: Natural causes Hamicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funerol DEPUTY MEDICAL EXAMINER 5 moy b ro FUNER Health **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) St. Mary's Cemetery Buria 6,1968 Annapolis REC'D BY REGISTRAR 1968 256 REGISTRAR'S SIGNATURE Hopping 2 VR ATSME (6) Hopping Funeral Home - Annapolis 10M REV.

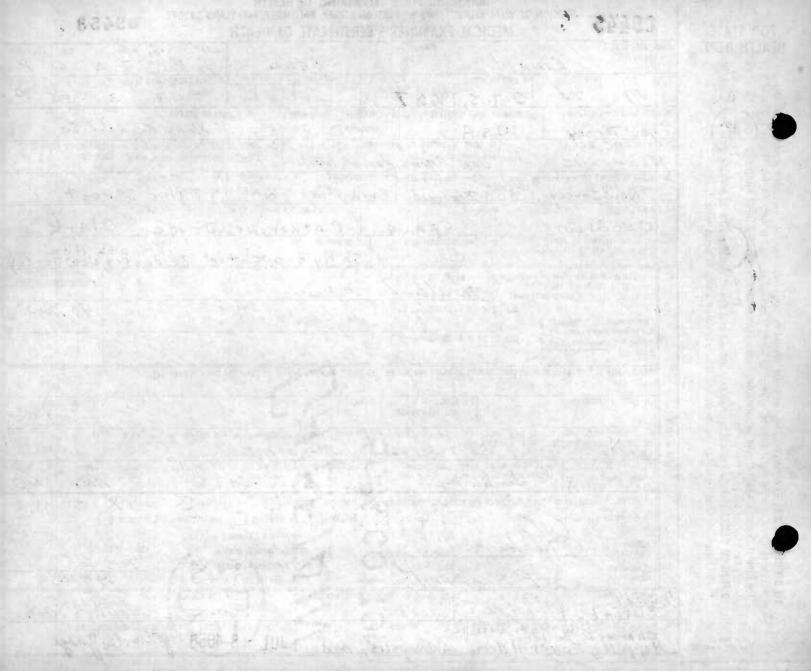
\$2420 - SERVINE PRINT BUT WHILE BUT WHEN SERVINE AND WILLIAM and passing the Attendance of the first of the first of THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

1	MARYLAND STATE DEPARTMENT OF HEALTH	
223	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	52
E	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
PT.	DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day	y Year 2b. HOUR
	(Type or Print) OF ESTI- DEATH MATED 7 3	1868 PM
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
	lost burbday) Months DAYS HOURS MIN. Month > Doy 3	Yeor / C
7	1,1103 - 12	19620 / M
0	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	
-		Md
9 "	The Name of Hosting of Most and Market of Hosting of Most and Market of Hosting and African Africa of Most and Market of Most and Most and Market of Most and Most and Market of Most and Market of Most and Market of Most and Most and Most and Market of Most and	KIND OF BUSINESS OR
-	FIRM SPORTS D.O.M Fline Hyundel. Gen	23.11.
/ 1	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
3	odmission) STATE rsey 136 COUNTY BerlAND Bridgeton YES NO 1 88 Pine STr	-eet
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	WOODFOW SPANN K CAther, Ne Toyce (CLAPK
10	O. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ANDRESS ,	Ad
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or doles of service) NONE 5AILY Broughton Bridgetal	NewsTares
=	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	8/9 MMEDIATE CAUSE (a) Multiple regulars	when
/	Canditions, if any, which gave	
	rise to immediate cause (a) (b)	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1	8254	
Cranicianion	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
1	WAS PERFORMED?	YES NO
15	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	18.)
MEDICAL	PRIMARY OF CONTRIBUTING HOUR AM 7-3 1968 accedent	0.0
277	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Co	aunty State
	WHILE NOT WHILE factory, office building, etch	es MI
-	220. I certify that I took charge af the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
	death resulted from: Natural causes . Accident , Suicide ., Hamicide ., Undetermined manner .	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE OF LUCKUL AND ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	- 1
1	EXAMINER'S DEPUTY MEDICAL EXAMINER \ 7-3	-68
1	NAME (Type) — LIND AROX ADDRESS(Street, city, town, or county)	A ACE.
1	38. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (Stote)
Y	180 FIAT TOP OFFE NOCKHILL VICKSUNING 18/12	4.1 69
	4 FUNERAL DIRECTOR Charles T. BULL ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGN.	
	Charles F. Bell Tr. Hopping Funeral Home ANNAPOLIS, md. DAWUL - 8 1968 polished	Judge
-	The state of the s	0-0-



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09453 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day 2b. HOUR Yeor (Type or Print) OF ESTI-CONAL Poge 16.5 10 3 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR M3. MYE PM Day Year 2 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH OLU, Anna ARundel. Co US WIDOWED [DIVORCED F New Jersey 8. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital hours ofter deoth 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address for previde 1. gen. during most of working life, even if retired.) INDUSTRY NNdpol15 Office olong deoth. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY 88 Pinc Street YES NO Bridgeton ond 2 ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Last First Woodtow CATheriNe SPANN hours _= 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. certificate should be executed, within pencil 17. INFORMANT Bridgeton, New Jerse (Yes, no, or unknown) (If yes give war or dates of service) NOHE 72 4 should be forworded to the Chief Medical Ex within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: uns IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave rise ta immediate cause (a), any the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 writing t 05 or removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, pe YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, 1968 7-3 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. County City or Town State factory, office building, etc.) DIRECTOR: Poge AT WORK na Poge 40 exhive OF 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry D and in my apinian director. Accident X death resulted fram: Natural causes Suicide Homicide Undetermined manner pleose CHIEF MEDICAL EXAMINER prior ACTUAL burraest 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER Health EXAMINER'S moy NAME (Type) ADDRESS(Street, city, town, or county) the 230. BURIAL CREMATION. 0 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) PENOVAL (Specify) (59, BUTIA 9683644 11c 24. FUNERAL DIRECTOR / Glacle **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charlest 1968 Charles VR A15ME (5) 10M REV. 1/68 FONETAL Homo

MARYLAND STATE DEPARTMENT OF HEALTH



and and and my suite Cambras pulsas There were development an Deriver THE TO PLUE IS BELLEVE TO BELLEVE THE

09455 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ASN 33-181-333 HEALTH DEPT DECEASED-NAME 2a. DATE KNOWN Year 2b. HOUR HALSON (Type or Print) 690 DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 23 Nov. 191255 poges I and 2 with the State Depa 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH should be forworded to the Chief Medical Exominer's Office olong with form USA DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR CROWNSVILLE TECHNICIAN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY BALTIMORE YES NO 14. FATHER'S NAME Middle AFFORD 16b. SOCIAL SECURITY NO. 17. INFORMANT 220-03-6273 VELMA M. STAFFORD AS ABOVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCES Conditions, if any, which gave rise to immediate couse (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street ar R.F.D. No. City or Town County State factory, office building, etc.)
Hospital wared 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my apinian death resulted from Matural causes . Accident . Suicide A, Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health ADDRESS(Street, city, tawn, or county) NAME (Type) 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL BALTIMORE, MD. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE BRADLEY, DUNDALK, MD. VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

\$56-Tri-22 Branch Br HALLES OF THE WAY . W (DELIGH) C 404. 1912 The Action of the Control of the Con -White a little age . E MARCH STORAGE LETTER AND ELETTER TARREST STATE OF THE STATE OF T MANAGE - TO THE STATE OF THE ST

92750		CONTRACTOR SHARE THE PARTY OF T	Warane -	1231
	The second	North diele	J	
00 11 . 12		majin lannu e (n).		
	wented entrop	galaina		
Servi As alia	old			
r	H pic 12	Tital gabet	9/5/7	Interest
	225, 11 - 9 1962 62	W. interpret Com. Co		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09457 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH Last 2b. HOUR and 2 deoth. within 24 haurs after death funeral (Type ar print) EANNETTE FRLING S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last-birthday) MONTHS OAYS HOURS 3-7-1899 harman completely filled in by 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED carbon poper and in any event, within 10. GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR ENBE 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institutional Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? executed admission) STATE 13b. COUNTY 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last Last pup physician certificate 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Yes, na, or unknawn) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending buysi director, page 3 should be detached far use as the burial-transit permit. Then be should be filed with the State Dept. of Health prior to burial, cremation, or removal, BoucHER HUE affending thys ARRIC 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retained by the hospitol or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on. 19 (a), and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 28d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE 23e NAME OF CEMETERY OR CREMATOR (County) (State) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24.4 FUNERAL DIRECTOR DATE JUL 30 1968 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

NE REL BUDGILLE TO STATE OF TAMES NEWS TOWN A EN TRANSMISSION AND THE PROPERTY OF THE PROPER

88220				6. 7. 8
na Est			stied	
			6	; 1.11
	Labora egy		•	Tell books in
	S. C. S.	The Ligan	Laberra send	tillejohna :
100018		120 strong	Labores email	Zerine Prizza
a salvagi	10 de 1 1	CHE		as a terminal
6.5	Structure as	V		
			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
я с	Blogania L. 1000	promise at		2-30
all Ph		Lyan	145 87.7	Torque J.
English Link	Sept. 1 305		and the second	New Williams

MARYLAND STATE DEPARTMENT OF HEALTH 09459 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Year (Type or Print) ESTIlay is 3 ta Page DEATH MATED AGE (in years 3. SEX 4. RACE S. DATE OF BIRTH DATE PRONOUNCED 11-8-1904 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, along with farm Maryland U.S.A. DIVORCED X WIDOWED I 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 932 during most of working life, even if retired.) land2 with the First Street 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE MD 13b. COUNTY QQ STATE death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER offer Middle 14. FATHER'S NAME First Middle George Stierstorfer Mary Hoffman 16g. WAS BECEASED EVER IN U.S. ARMED FORCES? within pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Yes Mr. David P. Anderson, 1219 Poplar Ave. 21227 217-03-2698 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) notio Vasente PART I. DEATH WAS CAUSED BY: retio pending IMMEDIATE CAUSE (a) Usiese. Conditions, if ony, which gave rise to immediate couse (o). certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) remayal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, (tem 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry ond in my opinion deoth sesulted from: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER may Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 50 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Caunty) (State) 8-5-1968 Meadowridge Cemetery Howard County, Maryland 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURI 25a. REC'D BY REGISTRAR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VR A15ME (5 10M REV. 1/68

esydo a servici de despera	CHAIR A CHARLET AND	
- Village V. Village - 1747	are the same of th	
	M BY STATE OF THE	
ASSUMED SEAS ELLES		1.0
The Table of the order to	LESS TO CARE AND A THROUGH	
i los ciul deno madel as		
Le Parente State I all	More and the state of the state	

THE TOP OF SECURITION AND ASSESSMENT OF SECURITION OF SECU and the second of the contract the control of the second second second A SECTION OF SECTION ASSESSMENT ASSESSMENT O The state of the s the the colored in which the state of the Hall College with and the same the same the same and the same The Mark Book Company and Louis Company and Company an

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF OEATH 2b. HOUR A within 24 haurs after death July (Type ar print) 1968 Lester STOUFFER 9:40 Arthur lease remove carban papers. Pages I and in any event, within 72 haurs after 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) MONTHS YRS. campletely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT 8. MARRIED (X) NEVER MARRIED WIDOWED DIVORCED [Anne Arundel 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
MAINTENANCE MAN give street oddress INDUSTRYE /12 A Beth 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. Hemes admission) STATE 13b. COUNTY 463 W.BA 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First ARDENHOUR physician requires that the death certificate 160 WAS OFCEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, gr ynknown) director, page 3 should be detached far use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremation, ar removal, 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL has been PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES [TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while 22a. I certify that (I) (this hospital) ottended the deceased from _______, 1965 6, ta ______, 1975 7, that (I) (we) last saw the deceased alive an ________, 1975 7, and those in (my) (out) opinion death according to the date and hour and from the View the body ofter death couses stated obove, (I) (van) (did) (did he 22b. SIGNATURE DEGREE DIRECTOR 22e. ADORESS 22d. PHYSICIAN'S NAME (Type) Cathedral 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL, CREMATION 250. REC'O BY REGISTRAR VR A15 (4) 30M REV. 1/68

1.3 280 and the second 1.0 16-62 81 JUNE THE PREE TOP SVAN FARA The me state type I have a little was a successful against the second en albanda Loss north Minney and Mark W. Mark W. Bell was a seal. CONTRACTOR OF THE SAME OF THE all and the other than the second that the second and the second a med Mr. Ly Ulmeria Anter value Coming desira Howards better to word and would 23 6/2 23 21/2 29 12/2 TERRON CHURCH TO THE SOUTH TO MAKE SAT the section of the mater of the property of the section of the section of

1		MAKTLAND STATE DEPARTMENT		
	09454 DIVISION OF VITA	L RECORDS, 301 W. PRESTON STREET, E		09462
		CERTIFICATE OF DEAT		
1.	DECEASED-NAME First (Type or print)	Middle Last	2a. DATE OF DEATH Month Do	2b. HOUR A
	Suste VI	rginia SUITT	July 8,	1968. 2:10 M
3.	SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
L	Female Whit			
) 7	b. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT CO	UNTRY? 8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Maryland U.S.	WIDOWED 🔀 DIVORCED 🗌		
J 10	D. CITY OR TOWN OF DEATH 11. NAME OF	HOSPITAL OR INSTITUTION (If not in hospital duri	USUAL OCCUPATION (Kind of work done ng mest of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	MUNAPOLIS H.H.	TENERAL TOSOL	HOME	HOUSEWITE
	Bo. USUAL RESIDENCE (Where deceosed lived, if institution Red dmission) STATE 13b. COUNTY	science before A3c. CITY OR TOWN / 13d. INSIDE	NO 36 STREET AND NUMBER	1
-	MD. H.	T, ADDAMAN A	30/N. 4/00	LHWN HUE.
1	4. FATHER'S NAME First Middle	Lost 15. MOTHER'S MAIDEN NA	AME First Middle	Last
-		BYLLEN JUSIE	KEBECCA I	4RDY
- 1'	66. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, nd 19 unknawn) (II yes give wor or dotes of service)	OCIAL SECURITY NO. 17. INFORMANT MRS. ERWES	+ David Dood -	# 12
F			THE PROPERTY	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per liber of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a), (b), and (c).)	de a Mese	BETWEEN ONSET AND DEATH
			eag weller	TOYACS.
	Conditions, if any, which gave)	DNSEQUENCE OF		
	rise to immediate cause (a),	MICEOUPACE OF		
	stoting the underlying cause DUE TO, OR AS A CO	DISEQUENCE OF		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERMINAL-DISEAS	F OR CONDITION GIVEN IN PART 1(a)	
20	CAMBO TILLO	erth Hills	0. Al 1-11000	Zeroll. C.
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
X		YES 🗀 N	CAUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJUR	Y 21c. HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Part 2,	Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. More (If either, notify medical examiner) 214 INNURY OCCURRED 226 PLACE OF INJURY AT HOUR	th Doy Year		
1		NE, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F. BUILDING, ETC.	D. Na. City or Town	County State
	Time Itel time		-	
	22a. I certify that (1) (this haspital) attended saw the deceased alive an causes stated abave. (1) (we) (did (dar	the deceased from Gene,	1966, to 8 Cheller 19	68, that (I) (we) last
1	saw the deceased alive an	and that in (my) (aur	r) apinian death accurred an the de	ate and haur and fram the
	causes stated above, it (we) (did) (did r	at view the bady after death.	100.	DATE SIGNED
	The stormarche	DEGREE PHYS	MED. STAFF	7/0/C
	22d EAVSHIAN'S	DEGREE PHYS. 22e, ADDRES\$11	DIRECTOR L PHYS. L	1968
1	NAME (Type) & DI ACO S	BOOK FORUKL	in St. Howard	mais Mo
2	3a_ BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	d(numb) (state)
0 6	BREMOVAL (Specify) Z/D-18	MAYA MEMADINI	MANIA	411 190
1 2	4 FUNJERAL DIRECTOR	ADDRESS 250. RI	EC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
)	why M. Joy to offices U	muspolis Md DATE	JUI 1 2 1968 yell	carles Judge
E) I I I I I I I I I I I I I I I I I I I	7		

23	160					(a) .
		- 144	771		religity.	
			(25)	5	ar ins	Since T
					A Court I	basil graft
				11.53		
λ.				Marie III		
	S. N.	La Section of	Gie Pe		2)	The state of
				1000		
	Help.		F. LA HAZIN			
25500			DL UNIX	State of the		St. March

50100			40	135
	o sagara	.M	oungue.	
		oald	nake	Pa 7.
Labrata st	a.	aprofit less.	e 1 6 0 1 m.	
	each indicate to			
tul from the land of 2				
	1000		process to the second	
	al . Jengaie . is			4
				69
				5,000
			Carlo Miller salveme	
ROBERT HOLDER			الله الله الله الله الله الله الله الله	

Heart In the manual court in the second court and the second to feel the first of the first of the feel companied to the companies of wall to the companies of th AND ACT A DELTA SECTION WAS A MAINTAIN DESIGNATION OF THE RE-* A Comment of the Co PERSONAL RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PE Sale and the transfer of the sale of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09465 CERTIFICATE OF DEATH Anpletely filled in by the tunerar ove carbon papers Pages 1 and 2 2b. HOURP 1. DECEASED-NAME Middle Last 20. DATE OF DEATH within 24 haurs after death (Type or print) SYDOR July Month 31, Doy 1968r. 2:00 M John 3. SEX 4. RACE S. DATE OF BIRTH IE UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last hirthdoy) HOURS 5-10-1914 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Anne Arundel County, WIDOWED [DIVORCED 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR doma mast of warking life, with if refired to TESEARCH HOWALYS ove carban burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE / 13b. COUNTY YES 🗍 NO X 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Lost Middle dub Lost requires that the death certificate be DAR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **INFORMAN** Address (If yes give war or dates of se APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. DUE TO, OR AS A CONSEQUENCE OF 201-3 Canditians, if any, which gove) Acite myscerdin burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Arlen Discore PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta l 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of wark causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ROB! BREIN BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68 DAAUG 5

HOARD WITH OLDER SHIP			
July 31, 1966. 2:0			, in the second
	1091-91-8	W.	Mark Mark
Anne Armarel Scores,			X.4
Card In Trylon hours	least stycoly d		e la genuil
2 FM 48 1			PERMIT
		and V	e begind. Sk
TOTAL TRANSPORT			
87-1-8			
of St. Mingall He	113/2/2		10.7
Ser Vanto			S P DUNNER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09466 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) JULY Month 15 JOHN LADD TAGGART 8:05Am 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR lost birthday) HOURS MALE CAU 19 May 1931 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ician ond completely filled in leose remove corbon popers. country) WIDOWED DIVORCED [U.S. MICHIGAN ANNE ARUNDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** FT GEO G MEADE NATIONAL SECURITY AGENCY US GOVT 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTY PRINCE GEO 8611 HAMILTON ST HYATTSVILLE YESK 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Lost ARCH TAGGART LAVANGE GARY M. certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) 371-30-8807 Medical & Personnel Records, N.S.A. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) prior to burial, cremation, or rem BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PROBABLE MASSIVE CORONARY 20 min IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use os the 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🔲 director, page 3 should be detached for use should be filed with the Stote Dept. of Heolth FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this chaspital) attended the deceased frammo prev knowledge to saw the deceased glive an 15 Jul 68 192, and that in (my) four opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (distrot) view the bady after death 22b, SIGNATURE 22c. DATE SIGNED STAFF 16 JUL 68 DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) WARREN G. PREISSER NSA Medical Center. Ft Geo G Meade, Md 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Michigan Cement City Cemetery Jackson July 19, 1968 0 **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE JUL 19 Ocharles Judge 1968 Hyattsville, Md. F. Gasch's Sons 30M REV, 1/68

4 1 4 Visite and an interest of the Control of the last of the second of the the state of the s

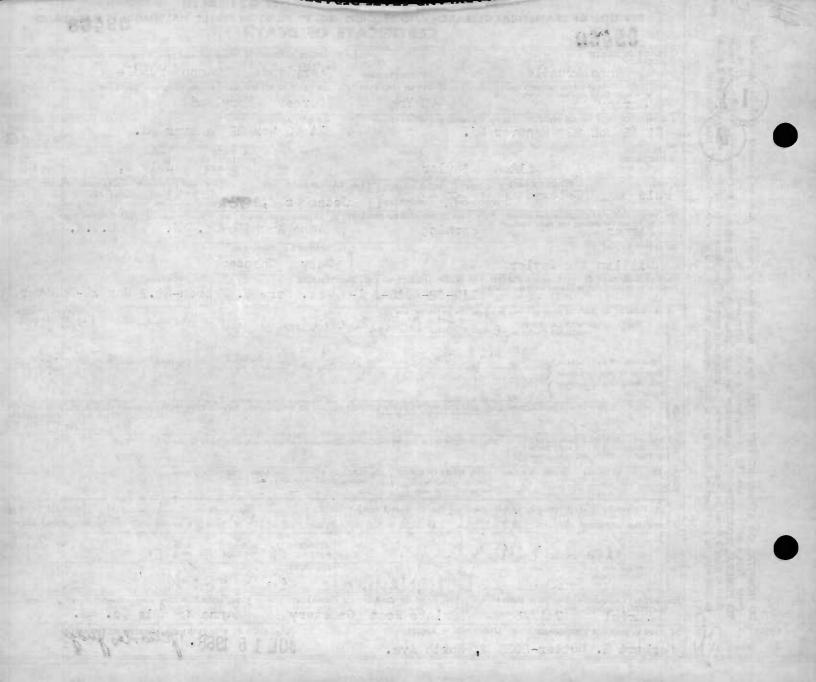
				TON STREET, BALTIM		YLAND 21201	09467	
		19459 DIVISION OF VITAL RECOR		E OF DEATH			0010	
		ECEASED-NAME First Middle (ype or print)		Lost	2o. DATE OF D		. Van	2b. HOURA
		Bessie		AYLOR	July	41,		10:55
	3. SE	4. RACE	S. D	ATE OF BIRTH	-,	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
	7	BIRTHPLACE (Stote &) forman 7b. CITIZEN OF WHAT COUNTRY?	10	15/193	COUNTY OF D	360 YRS.		
-	77	271.8.4. 71.8.0.	WIDOWED 🗍	DIVORCED	Anne	Arunde 1	County,	Md.
M	7	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL O give straet addres)	R INSTITUTION (If not in	hospitol 12a. USHAL	OCCUPATION (at af working li	Kind of work done fe, even if retired.)	12b. KIND OF B	SUSINESS OR
53	130.	USUAL RESIDENCE (Where deceased lived, if institution; Residence bet	fore 13. CITY OR TOW	Joseph Ville	uleu	ET AND NUMBER	Ku	wary
72	odm	ission) STATE 13b. COUNTY (1)	annax	POLES YES NO		6 Chest	u ave	
1	14. 1	FAHER'S NAME First Middle to	st Is. the	THER'S MAIDEN NAME FIT	s†()	Middle	mal	Last
		WAS DECEASED EVER IN U.S. ARMED FORCES? 45, ha, ar unknown) (1795 fby wroor dayles of service)	V	RMANT	1 0	Address	2	
		(fryes and without dates of service) 212-34	1-632 × Pa	inuel ti	Jaylor	306Cl		ve.
		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY:		===0	(BETWEEN ON	ATE INTERVAL SET AND OEATH
		IMMEDIATE CAUSE (a)	EBRAL	EDEMA				how
		DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave)	BLOOD	LOSS				
		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE				٦.		
		lost. (c)	KETUSI	al of Gi	ood T	וצמל ליעו	04	9 15-4
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(a)		
	NO.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WA	AS DEDECORATED	20a. AUTOPSY?	I DOL IT V	ES, WERE FINDINGS C	ONSIDERED IN CEL	TITVING
X	CERTIFICATION	196. DATE OF OPERATION 1196. CONDITION FOR WHICH OPERATION WA	S PERFORMED	YES NO		OF DEATH?	ONSIDERED IN CEI	CIPTING
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day	21c. HOW II	NJURY OCCURRED (Enter	nature of injury	in Part 1 or Part 2,	Item 18.)	***
	MEDICAL	(If either notify medical examiner) P.M.	10	ON CANAL DED D	<i>(</i> :.	. T	Count	Carro
		While of work of work	ZIT. LOCATI	ON Street ar R.F.D. No.	City o	r Town	County	Stote
		22a. I certify that (I) (this hospital) attended the dec	eased fram	, 19	, ta		, that	(I) (we) last
	1	saw the deceased alive an couses stated above, (I) (we) (did) (did not) view	19, ond th	ot in (my) (our) opin	ion deoth o	curred on the do	ote ond hour o	and from the
	1	22b. SIGNA URE	me body affer dear	- A		225	DATE SIGNED	
	163	woul how	DEGREE DEGREE		D. RECTOR	STAFF PHYS.		
1		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS				
1	23a.	BURNAL, CREMATION, 23b. DATE 23c. MAME	OF CEMETERY OR CREE	MATORY	23d. LOCATION	(City or Town)	(County)	(Stote)
2	\vdash	FUNERAL PIRECTOR , ADD	RESS	250.J [190 BY	REGISTRADO	256/RPG/STRAR'S	MGNATURE .	Mex.
760	-	Viv Jam Leere 112	June V	DATE	3 1300	1 Court	and and	
	H							

Agyes jemne	A SECOND PROPERTY AND SECOND		266300
27, 1386. 10:	July July		States
essent comment	3007		
		;	
	## 1 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		والملهاسرة والم	
	361 (4 JUE - 1)		

VR A15 (4)

	MARILAND SIAIL DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 12 MARYLAND
10250	CERTIFICATE OF DEATH	00400

00300					
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where deceased live		nce before admission)
Anne Arundle	MARYLAND	Maryland	Anne A	rundle	
b. CITY OR TOWN (if outside corporale limits,	c. LENGTH OF STAY IN 16		f outside corporate limits,		nearest town)
write RURAL and give nearest town) Dorsey	8 Yrs		Maryland		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi Rt #2 Box 22 Hanover Md.	lal, give street address)	d. STREET ADDRESS Rt #2 Box	22 Hanover	Md.	ON A FARM?
3. NAME OF First DECEASED (Type or print) Milton Ta	Middle aylor	Last	OF	Month Day	Year 19 68
5. SEX Male 6. Color or RACE 7. MARRIED WIDOWED WIDOWED	,	Detymber 8,1	862 9. AGE (In) lest birthe 85 y		Hours Min.
done during most of working life even if setimed)	d of Business or Industry		ty & State, or foreign cou dle Co. Md.	ntry) 12. CITIZEN U.S.	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
William Taylor		Mary Cha	ncey		
(Yas, no, or unkown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17. IN 2-32-4915-J 1-		V. Hebron-R	dress t.2 Box 22	-Hanover N
PART I. DEATH WAS CAUSED BY:	e for (a), (b), and (c).]	2 Hzart	Failu		NTERVAL BETWEEN
Conditions, if any, which	tensul .	with Carl	ras mol	ement.	Zys:
gave rise to immediate cause (a), stating the underlying cause last. (c)					U
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUES 208. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	. (Enter nature of injury in	Part I or Part II of item 18	.)	
ZOc. TIME OF INJURY Month, Day, Year 20d, IN While at work		E OF INJURY (Home, farm ry, street, office bldg., etc.		(County)	(State)
21. I certify that (I) (this hospital) attended saw the deceased alive on	the deceased from	1	N 1. 8	, 17,	
22a. SIGNATURE	ley (M.D	DILING P	AED. STAFF		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Frank E. S.	111 Dleying	22d. ADDRESS	vage; n	il-	
REMOVAL (Specify)	23c. NAME OF CEMETERY O Saints Rest C	emetery	Anne Arun	y, town or county) dle Co. Md	(State)
24 FUNERAL DIRECTOR'S SIGNATURE Herbert E. Nutter-3035 W. N	ADDRESS Jorth Ave.	250. REC	5 1968 25	REGISTION R'S PIGH	ATURE

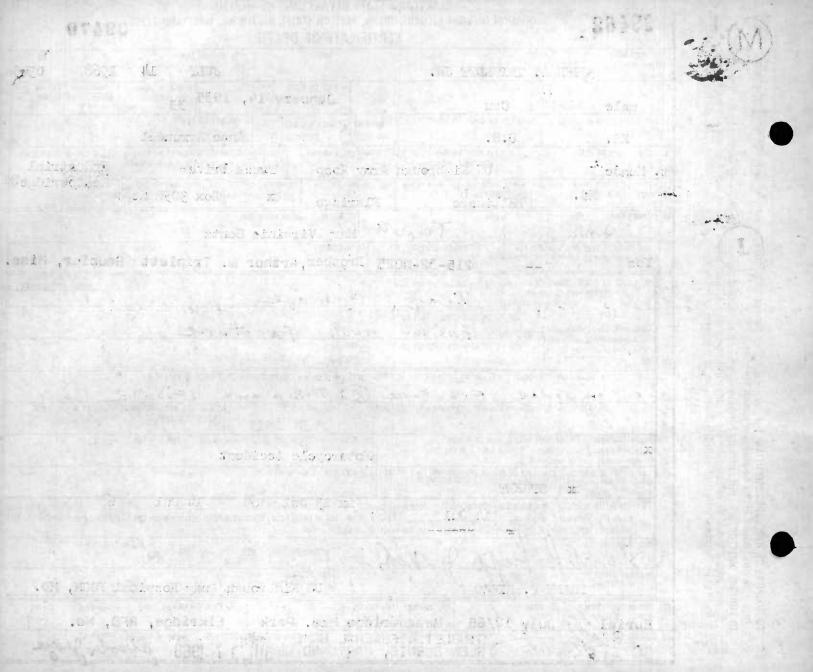


4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH-DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print)
	(Type or Print) MARY AGNES TONGOE DEATH MATED 7 19 185 AM
de la	3. SEX 4. RACE TS. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR
	1 1 6-12-1888 Superinder Annual Month 7 Doy 19 Year 1968 1 MMN. Month 7 Doy 19 Year 1968 1 MMN.
2, 2, pd	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
s 1,	country) Md U.S.A WIDOWED & DIVORCED MANCE AROUNDE 1. Co. Md.
tate	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
after death ny 8 Give Pages 1, 2, a dlang with farm Ph with the State Depart	Annapolis give street oddress) Dome 671 c INDUSTRY
th th	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
Safter alange of alange of the death.	Odmission) STATE Md 13b. COUNTY A.A. ANNAPOLIS YES & NO - 40 PLEASANT STREET
hin 24 hoors ncil in Hem 1 niner's Affice pages 1 and 2 hours affer o	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
of s of	George NMN BrANdford Julia NMN Brown
hin 24 nicil in niner's pages hours	160. WAS DECEASED EVER IN UID. ARMED FORCES? [16b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS
within pencil xamine Xamine 72 ho	(Yes, no, or unknown) (If yes give war or dates of service) NONE BORDLEY TONGUE 40 PLEASANT ST. ANNA. Ad
d wit in pe Exan File in 72	
be executed in pending" in nief Medical Es	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of Death (Enter only one couse per line for (a), (b), and (c).) BETWEEN OMSET AND GEATH Support of the couse of the c
e execute pending" ef Medica sit permit	4409 DUE TO, OR AS A CONSEQUENCE OF
be "pe ief ief insit	Conditions, if ony, which gove (b)
ould I vord he Ch al-tra any	rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shou we we uria in a	last. (c)
This certificate should be executed within cate, writing the word "pending" in pencil be farwarded to the Chief Medical Examine be used as a burial-transit permit. File pagir removal, and in any event within 72 hou	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
fica ting rdec as as	z 4500
This certific icate, writing be farward as de used as ar removal,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
te, fall	WAS PERFORMED? YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □ NO YES □
# - P °	19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? YES NO 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21d. INJURY OCCURRED. 21e. PLACE OF INJURY At home form street.
INER: The certifice shauld by files. 3 shauld language.	CAUSE OF DEATH P.M. 19
KAMINER: te the cert je 4 shaulc /aur files. age 3 shau crematian,	216. LACE OF INDUST (AF HOME, 1971), STORY
EXAMINER: cute the cert age 4 shauld by a	WHILE AT WORK AT WORK of thice building, etc.)
Paceure Paceur	220. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection 😿, Inquiry 🔀, and in my opinion
ICAL E exector. Poet for care for care for care burial,	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
lired fain to to	CHIEF MEDICAL EXAMINER
y, pleeral dispersion of prigram	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
PUT Sary Juner FR	EXAMINER'S DEPUTY MEDICAL EXAMINER 7-19-68
O DEPUTY SICAL Enecessary, please exect the funeral director. Page 5 may be retained for O FUNERAL DIRECTOR: Health priar to burial,	NAME (Type) E. LINGAR OF. ADDRESS (Street, city, town, or county) M. M. Co.
5 = + ~ 5 ±	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
0	BUNIAL 1-23-1108 MINERIAL ANNAPOLIS A. A.C. Md
The same of the	24. TONERAL DIRECTOR
VR A15ME (\$1) 10M REV. 1/68	C. E. HICKS, " ANIVAPOLIS , M. d. DATUL 26 1968 golianles Judge

MAKILAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 9 4 7 0 09462 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ician and campletely filled in by the funeral base remove carbon papers. Pages 1 and and in any event, within 72 hours after death (Type or print) Month Doy 1968eor JOHN A. TRIPLETT JR. JULY 03Q5 M executed within 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS January 14, 1935 (subirthday) male Cau 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S. DIVORCED | Md. WIDOWED [Anne Arrundel ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR MeadowridgeRd give street address)
US Kimbrough Army Hosp during most of working life, even if retired.) Ft. Meade 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE Md. Box 305R Rt#4 YES NO Elkridge 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last riplett Mary Virginia Sentz physician PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) Brother, Arthur W. Triplett Saucier, Mass removal, 215-32-0025 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) basiler burial-transit rise ta immediate cause (o), signed by 1 DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗀 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Motorcycle Accident (If either, natify medical examiner) P.M. shauld be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town State County While Nat while at wark STREET 22a. I certify that (I) (this hospital) attended the deceased from 13 Jul., 1968, to 14 Jul., 1968, that (I) (we) last saw the deceased glive on 14 Jul. 1968, and that in (my) (our) opinion death occurred on the date and haur and from the couses stoted oboye, (I) (w) (did) (did not) view the body ofter deoth. 226. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 29d. PHYSICIAN'S 22e. ADDRESS NAME (Type) US Kimbrough Army Hospital FGCM, MD. R1770 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) Meadowridge Mem. Park July 17/68 Elkridge, RFD, Md. SINGLE TOPRESS FUNERAL HOME 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE GLEN BURNIE, MARYLAND DATE 111 30M REV. 1/68



1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	19463 CERTIFICATE OF DEATH
4 (2)	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOURA
deart deart	(Type or print) Kirby Leon TWITTY July 5 1968 6:15 M
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
offer of the state	Male White Jan. 9, 1908 lost birthday) MONTHS DAYS HOURS MIN.
and and a	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH
75 h	Bouth Carolina U.S. WIDOWED DIVORCED Anne Arundel
PHYSICIAN: The law requires that the death certificate be executed within 24 hours e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in hy stached far use as the burial-transit permit. Then please remave carban paper. Pa Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 22 hours.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
be executed with and campletely for remave carban in any event, with	Annapolis Anne Arundel Gen. Hops. Mechanic Auto
amplett ve carrevent,	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
cam ave y ev	Maryland Anne Arundel Edgewater The RU-2, BOX-III
and ca	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
n a se r	George Twitty Sally Plyler
cate to sician please by and	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
equires that the death certificate be physician. signed by the attending physician cburial-transit permit. Then please burial, crematian, ar remaval, and in	no 248-03-2043 Martha H. Twitty - same as #13 above
ne death cer attending p permit. The	18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).) BETWEEN ONSET AND DEATH
end mit.	IMMEDIATE CAUSE (0) CAN THE CAUSE (1) 32 DAYS.
att peri	DUE TO, OP AS A CONSEQUENCE OF
the the matic	Conditions, if only, which gove is to immediate course (a). (b) United Selevation Seleva
trantrantrantrantrantrantrantrantrantran	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that th physician. signed by the burial-transit p burial, cremati	lost. 4 2 0 1 (c)
sign ph	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding ding the the arta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The law re al ar attending icate has been far use as the Health priar ta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter poture of injury in Port 1, or Port 2, Item IB.)
The ar at the har use talth	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
IIAN tal o ficat far far	
rspi aspi certi hed it. a	Country Coun
JING PHYSICIA by the haspital ffer this certifica be detached fa State Dept. af H	While Not while of work of work
by th ffer the documents of the document	220. I certify that (1) (this haspital) attended the deceased from all 1957, to 3 Valley, 1969, that (1) (we) los
ATTENDING stained by the CTOR: After I should be dith the State	220. I certify that (I) (this haspital) attended the deceased from, 195, ta_3, 196, that (I) (we) los saw the deceased alive on, 196, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) aid not) new the bady after death.
OR Gine	causes and ed above, (I) (we) (did) did not) yew the bady after death.
OR ATTENION PER PROPERTY OR ATTENION OR AT	22b. SIGNATURE DEGREE PHYS. ATTENDING MED. DIRECTOR PHYS. 22c. DATE SIGNED 22c. DATE SIGNED
be r	22d PHYSICIAN'S 22e, ADDRESS 22e, ADDRESS
SPITAL OR ATTENE 4 may be retained NERAL DIRECTOR: A rar, page 3 shauld Id be filed with the	NAME (Type) Edward S. Beck, M.D. 73 Franklin St., Annapolis, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Pagin dire	PEMOVAI (Specify)
VE.	The project of the pr
30M REV.	HOPPING FUNERAL HOME - Annapolis, Ma. DANII - 9 1868 Chorles July.

			STATE DEPARTM				
-	001.01	DIVISION OF VITAL RECORDS, 30			ARYLAND 21201	09472	
	09464		RTIFICATE OF				
	PECEASED-NAME First (Type or print) Eliza	beth Parker	Tyler		OF DEATH Manth 1 y Day	21 Yea 68	2b. HOLK
3. S		4. RACE	S. DATE OF BIR				11: ONC
	Female	Negro	J. I S	1901	6. AGE (In years last, birthday)		HOURS MIN.
	BIREHPLACE (Stepe or lareign		MARRIED NEVER MARK	9. COUNTY	OF DEATH		
cau	intry)	U.S. v	VIDOWED DIVOR	CED And	e Arundel		Md.
	CITY OR TOWN OF DEATH Glen Burnie,	11. NAME OF HOSPITAL OR INSTITU	el Hosp.	during most of worki	ON (Kind of wark dane ng life even if retired.)	12b. KIND OF BUINDUSTRY	JSINESS OR
13a adn	USUAL RESIDENCE (Where decear nissian) STATE Md.	sed lived, if institution: Residence before 13 13b. COUNTY nne Arunde	c. CITY OR TOWN 1 Odenton	3d. INSIDE CITY LIMITS? 13e.	STREET AND NUMBER Box 386		
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MA	IDEN NAME* First	Middle	+	Last
	Dem	ny parke	2 Hopey	rance	(0)	ree	
	i. WAS DECEASED EVER IN U.S. ARI Yes, na, ar unknawn) (If yes give v	MED FORCES? 16b. SOCIAL SECURITY NO.	GALLACIA I	Pan Espa	Address Address	main.	MIN
_	10 CAUSE OF DEATH (Fotos or	14 and source per line for (a) (b) and (c)	REJUNIA	enrique	CARINE I	APPROXIMA	ATE INTERVAL
	PART I. DEATH WAS CAUSE	oly ane cause per line far (a), (b), and (c).) D BY: OTO C	an Tun	en en 300 12		BETWEEN ONS	ET AND OEATH
	IMMEDI.	DUE TO, OR AS A CONSEQUENCE OF	,	20 1 0 0 7 3	differential		
	Conditions, if any, which gave	/ /	Dyrest	eus jar			
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
	last.	(c)					
A	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL	DISEASE OR CONDITION G	VEN IN PART 1(a)		
N.	4201						
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFO	RMED 20a. AUTOP	CAU	. IF YES, WERE FINDINGS CO SES OF DEATH?	ONSIDERED IN CER	TIFYING
RTIFI			YES	NO X			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCU	JRRED (Enter nature of i	njury in Part 1 ar Part 2, I	Item 18.)	
MEDICAL	(If either, natify medical exami	ner) P.M. 19	(1)				
N	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.			ity ar Tawn	Caunty	State
	22a. I certify that (I) (th	is hospital) attended the deceased live an 2-2/-2 19	from 7-21-	, 19 <u>68</u> , ta_	7-21,19	CF, that	(I) (we) las
	saw the deceased of	live an 7-2/-2 19_e, (I) (we) (did) (did nat) view the bac	, and that in (my) (our) apinian deat	h accurred an the da	ite and haur a	nd fram the
	22b. SIGNATURE	e, (i) (we) (did) (did fidi) view file buc			220	DATE SIGNED	
	Robert	- Qabo ein Mb	DEGREE PHYS.	G MED. DIRECTOR		- 3-1-6.	F
	22d. PHYSICIAN'S NAME (Type)	BERT DABOLI	22e. ADDR	RESS	Hwan N.	V Plus !	Dus · L
22-	BURIAL, CREMATION, 23b.		ETERY OR CREMATORY		JON (City or Ighn)	(Caunty)	Anta
230	DEMOVAL Specifor	-24-1968 XTZA	Chino		Janton	1 (cuolity)	W.
24,	FUNERAL DIRECTOR	ADDRESS	1 ma	25a. REC'D BY REGISTRAR		SIGNATURE	date
D	Villiams	seesett UVVI	01.0012	DATE JUL 23	1968 gene	me gar	0

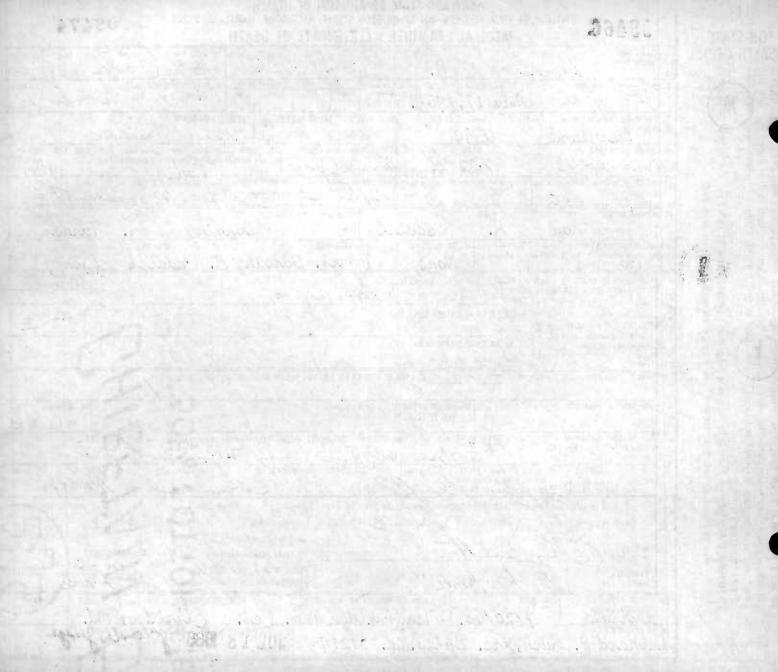
27120	THE LOWER CASE OF THE PARTY OF	20122
	rady to the felt of the adult	Ho F
	o, Corta As unto Conner.	rmane selu
855 AND	nii	hY

1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STR				
		09465		ERTIFICATE OF	DEATH	15.417	09473	
		Ype or print)	Middle	VICKERS		DATE OF DEATH Wonth 2, Death	°Y 1968	2b. HOUR
	3. SI	X Female	4. RACE White	S. DATE OF BIE	5 , 1882	6. AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		BIRTHPLACE (Stote or foreign oftry) Maryland	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARK	RIED 9. COU	INTY OF DEATH ARILL	UNEL	/ Md.
0		ITY OR TOWN OF DEATH .Annapolis,M	d. Bay Manor 1	TITUTION (If not in haspital Nursing Hon	12a. USUAL OCCU	JPATION (Kind of work dane vorking life, even if retired.)	12b. KIND OF I	BUSINESS OR
13	130.		lived, if institution: Residence before		YES NO	13e. STREET AND NUMBER 28 Montivi		urt
7	14.	ATHER'S NAME First	Middle Lost Solloway	IS. MOTHER'S MA		Middle rlotte Davi	ls	Lost
		WAS DECEASED EVER IN U.S. ARMEI			arlotte	Chokeley,	Glen B	ernie,
,,		PART I. DEATH WAS CAUSED I	ane cause per line far (a), (b), and (c).) BY: CAUSE (a)	Vescular 1	Acaden	+	BETWEEN OF	MATE INTERVAL NSET AND DEATHS
		4367 Canditians, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	ind when	icor Con	ectis	Mul	1101194
		rise ta immediate cause (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF					
	7	PART 2. OTHER SIGNIFICANT CONDITIONS $33/x$	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)		
2	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOF	PSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exomine)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19			af injury in Part 1 ar Port 2	, Item 18.)	
	MED	21d. INJURY OCCURRED 21e. Pl While Nat while of work	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		ar R.F.D. Na.	City ar Town	County	State
	į	220 1 and for the tall (this	hospital) attended the decease ye an	d from 12/	1965, () (97) opinian o	to 7/2, 19 death occurred an the d	968, that late and hour o	(1) (we) last and from the
		causes stated obave,	(I) (we) (did not) view the b	oody after deoth.		220	. DATE SIGNED	
-		22d. PHYSICIAN'S NAME (Type)	1 - 11 D	DEGREE PHYS.	RESS DIRECTOR	A PHYS.	1/2/6	28
	23a.	BURIAL CREMATION. 23b. DA		EMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(Stote)
	24	REMOVAL (Specify) FUNERAL DIRECTOR	y 5, 1968 St.		metery, 25a. REC'D BY REGIS	St. George		aware
	5	ohn Maylor	Ham Coma	polo Mes.	DAJUL 16		rlas Jus	pe

FIARIT VIAIL TILDADIAALKII 716 ME

£4760				3.63.00
W 8865 42	4 ,	877.017		The state of
	SARE.	1 x 7	orker	efame-
4.500000			USA	is and for the second
		med galaso	. Day Henor f	hs, alloquam. z
Priet cellvijn	M BS I A X	- quanel		Smellen!
Exvert e	dya Carao		7,000 E.O.	Manufit -
eres sinte Santyres years	1,9			64

2 1	MARYLAND STATE DEPARTMENT OF HEALTH	#
	19026 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	474
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI-	Y Yeor 2b. HOUR
ay is 3 to Page	(Type or Print) DAWN R. WASS.LL OF ESTI- 7 18	5 88 DM
5 m 5	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER ! YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
a o o o	May 17, 1963 5 YRS. MONTHS DAYS HOURS MIN. Month > Doy 16	Yeor CF PM
2, and 3 trans. Pag	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17 - 1
	country) Maryland USA WIDOWED DIVORCED April April April April April 100	1
Poges Poges ith for	margrata di la	. KIND OF BUSINESS OR
pe executed within 24 hours ofter deoth pending" in pendi in Item 18. Give Poges 1, ief Medical Examiner's Office along with form sit permit. File poges I ond 2 with the State Devent within 72 hours ofter deoth.		USTRY //CA
hours ofter de Item 18. Give P Office along wi	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR, TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	<u> USH</u>
s ofter 18. Gi along 2 with deoth.	odmission) STATE 13b. COUNTY Baltierore YES NO 2809 Norshure	0.00
urs n l l d2 d2		
hour Item Office ofter		Lost
24 in lin lin lin lin lin lin lin lin lin l		lurner
be executed within 24 "pending" in pencil in ief Medical Examiner's nsit permit. File poges event within 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no.gor unknown) (If yes give war or dates of service) A // A	10
with per xam xam xile per 7.2	(Yes, no yor unknown) (If yes give war or dates of service) None Mrs. Dorothy A. Waddill	Same)
Anaults be executed with the Chief Medical Example build-transit permit. File in ony event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	BETYEEN ONSET AND DEATH
cute ng" dico dico	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drows mg	1
Me Me	9 10 O DUE TO, OR AS A CONSEQUENCE OF	wel.
Tuth be executed and per pending in the Chief Medical Each and transit permit. Fooly event within	Conditions, if ony, which gove	
# 5 = E	nise to immediate couse (o), (D)— Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the the in o	lost.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficote ing ded ded os a 1, onc	979 8	
rriffi rriffi vorc	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, writification of the second of the secon	WAS PERFORMED?	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 20 item)	YES NO NO
tifica Hifica Id be old to	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING 10 Port 2 Item	18.) 7
KAMINER: te the certi ge 4 should your files. age 3 shou cremotion,	PRIMARY FOR CONTRIBUTING HOURAM 7/14 19 68 Account Profession Street 121d INJURY OCCURRED 121e PLACE OF INJURY (At home form street 121f IOCATION Street or R.F.D.No. (its or Town)	h-
	ZId. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building etc.) 21f. LOCATION Street or R.F.D.No. City or Town	County Stote
VICAL EXAMINER: e execute the certificator. Poge 4 should bed for your files. ECTOR: Page 3 should buriol, cremotion,	AT WORK AT WORK & Thospoles la Zoch Church	ALO.
ICAL E executor. Poe ed for CTOR: F buriol,	220. I certify that took tharge of the remains described above, held on Autopsy , Inspection , Inquiry ,	and in my apinian
tor.	death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner	
please I director retained or to b	CHIEF MEDICAL EXAMINER	Tile Kilduke
y, ple erol di se reto ce reto ral Di	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	NED
EPUTY DICA syssary, please e funerol director oy be retained INERAL DIRECTI	DEDUTY MEDICAL EVANUED 7-16	-68
DEPUTY SICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for may be retained for page FUNERAL DIRECTOR: Page solth priar to buriol, crem	EXAMINER'S NAME (Type) ADDRESS (Street, city, town, or county)	130
O DEPUTY necessary, the funero 5 may be O FUNERA Heolth pr		unty) (Stote)
	RFMOVAL (Specify)	1
Q	Burial 7/20/68. Meadowridge Mem. (em. Elkridge, M. 24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTERS 2515M	MIRE dag
VR A15ME (5)	Leonard J. Ruck, Inc. Balto. Md. 21214 JUL 18 1868 July 18	100
10M REV. 1/68	Just During Transfer During Transfer Tr	



M 1	1		DIVISION OF	F VITAL RECORDS,		DECTAN STOP			VIAND 212	01	007.19	
		19467	DIVISION O			ATE OF D		OKL, MA	TIMIND ZIZ	.01	0041)
£ _ 4 £		ECEASED-NAME First		Middle		Lost		2o. DATE OF				2b. HOUR
de at a	(Type or print) JOH	V.	M.		WAHL			JULY	Day	Year 96	1245m
fer see	3. 5	EX	4. RACE			5. DATE OF BIRT			6. AGE (In year lost birthday)	rs	IF UNDER 1 YEAR	IF UNDER 24 HRS.
S age s		MALE		WHITE		DECEMBI	ER 21,1	905	62 62	YRS.	ONTHS DAYS	HOURS MIN.
hour rs.	70.	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF W	/HAT COUNTRY?		NEVER MARRI		COUNTY OF				
24 ed in	10	" MARYLAND	USA	MARK OF HOSPITAL OR III	WIDOWED	W.St.			ARUNDE			Md.
within 24 ban pape within 77		CITY OR TOWN OF DEATH GLEN BURNIE	give	NAME OF HOSPITAL OR IN Street address) NORTH ARUN	DEL HO	SPITAL	during most	CHMAIN	(Kind of work life, even if reti	done ired.)	12b. KIND OF I	JUSINESS OR ATION DE
ecuted with campletely ave carbant y event, wi	13o. odn	USUAL RESIDENCE (Where deceos ission) STATE MARYLAND	ed lived, if institu 13b. COUNTY	ation: Residence before		TOWN 13	d, INSIDE CITY LIMITS	7	REET AND NUMB MARTH		AD	
and c remo	14.	FATHER'S NAME First	Middle	Lost	15	MOTHER'S MAIL	DEN NAME First		Mid	dle		Lost
ate be ician a lease r and in		Franci						Guilf				
ertificate b physician en please oval, and i	160	es, ne or unknown) (If yes give w	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY		INFORMANT	T-manh		Addr		. D 1	
phy hen nova	-			215-10-98		rs. Wm.	Langst	on	123 M	artn	a Road	VATE INTERVAL
ne death certifi attending phy: permit. Then pion, or removal		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	BY:	ine to//(o), (b) and (c)	1) 1/	entri	· lan	Ja	illen	,	BETWEEN ON	ISET AND DEATH
decrinition, o		29/O	TE CAUSE (o)	AS A CONSEQUENCE OF	0			1	() (100	cur_
t the the sit p		Conditions, if ony, which gove	(h)	/lest	icer	ina	Person	val.	2/		ho	ins
thai an. by rans		rise to immediate couse (o), stating the underlying couse(DUE TO, OR	AS A CONSEQUENCE OF		11	1	1			1	
quires the physician. signed by burial-trar ourial, cre		lost.	(c)	Delir	iven	V'	/ re	men	7		Jala	77
required na by the bount to bur	z	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBI	uting to death but N	IOT RELATED TO	terminal i	DISEASE ORCONI	DITION GIVEN	in PART 1(0)	Ra	cephul	un
The law ratending has been se as the h priarta	CERTIFICATION	190. DATE OF OPERATION 196.	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTOPS	SY?		YES, WERE FIND	INGS COI	NSIDERED IN CE	RTIFYING
등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	RIFI					YES	NO 1		OF DEATH?			
ICIAN: pital o rificate d far a	MEDICAL C	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M.	Month Doy Yeor	9 21c. H	OW INJURY OCCU	RRED (Enter no	oture of injur	y in Port 1 or P	ort 2, Ite	em 18.)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages a shauld be filled with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after the contraction of the cont	WE	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LC	OCATION Street	or R.F.D. No.	City	or Town		County	State
by the fifter per state		22a. I certify that (I) (thi	s hospital) att	rended the deceos	ed from_	0/24	1, 1966	, ta	7//	, 19_0	thot	(I) (we) lost
rencharacter R. A Puld the the		saw the deceased a causes stated abave	(I) (we) (did)	(did nat) view the	body after	d that in (my)	(aur) apinio	on death a	ccurred on t	he date	e and haur o	ind fram the
OR ATTENE be retained DIRECTOR: A le 3 shauld ed with the		22b. SIGNATURE	11.	2 /2	1 0		160		CTAFC	22c. D/	ATE STONED	0
OR be r DIRE		6	reef 1	anva	DEGR	11813.	DIRE	CTOR -	PHYS.		1/16	y
SPITAL 4 may IERAL ar, pai		22d. PHYSICIAN'S NAME (Type) MA	x c	FRANK	3	22e. ADDRE	is sel	itelu	i Hu	4-6	ley Bu	1061
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be of			y 5, 19		aven M	em. Pk.	(Glen E	N (City or Town Burnie,	Mar		(State)
VR AIL TO		funeral director George J. Gonce	4001	ADDRESS Ritchie Hw			So. REC'D BY R	registrar 1968	25b. REGIS			

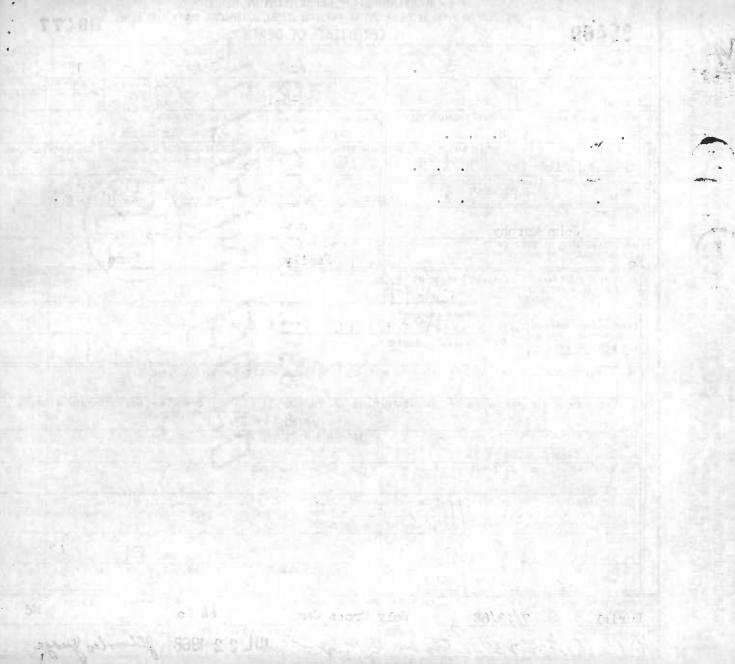
表するをD - Mark the Park Catherine Toy the car Winds Come at Mark the telescope decree 2. notes (2001 Strong line. (2005) - dil provide 1004 access de accesso

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 () 9 4.76 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME Middle Lost 2o. DATE OF DEATH (Type or print) Month WALLACE July 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) HOURS DAYS July 2, 1968 Female Negro YRS hours 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [Anne Arundel U.S. Maryland

10. CITY OR TOWN OF DEATH 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done burial, cremation, or removol, and in any event, within 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)

Newborn give street oddress) INDUSTRY Anne Arundel Gen. Hosp. Annapolis 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE Maryland Anne Anundel YES 🗀 NO 3 Lothian IS. MOTHER'S MAIDEN NAME First 4. FATHER'S NAME the ottending physician c sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war ar dates of service) Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. PKEMATUKITY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or ottending physicion. signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🖂 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED Street or R.F.D. No. Stote City or Town County While Not while at work 7/2 , 19.68 , to 220. I certify that (I) (this hessital) ottended the deceased from_ __19__68 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on____ couses stated abave, (1) bord (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR m DDEGREE 22d. PHYSICIÁN'S 22e. ADDRESS 201 Forbes St., Annapolis, Md. Jonathan McC. Sutton, M.D. 236. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) (County) 230. BURIAL, CREMATION, 23b. DATE FUNERAL/DIRECTOR ADDRESS.

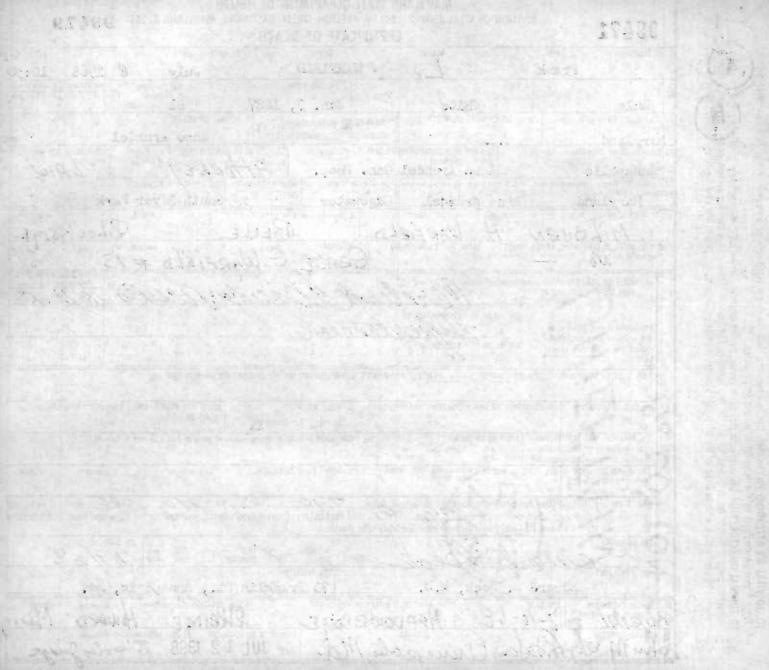
	09469	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL		09477
	DECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOÜR
100	(Type or print) Margaret	Α.	Walter	July Manth 18 Doy	1988 10P M
3. 76 co 10. 5 4	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
	emale	White	10-8-15	last birthday) 92 YRS.	MONTHS ONES HOURS MIN.
		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Md.	U. S. A.	WIDOWED TO DIVORCED	Anne Arundel	Md.
4	CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR INS	during	UAL OCCUPATION (Kind of work dane mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
) ad	to. USUAL RESIDENCE (Where deceose Imission) STATE Md •	d lived, if institution: Residence before		limits? 13e. STREET AND NUMBER NO□ 4611 Ritchi	e Hwy.
14	John Mu	Middle Lost	IS. MOTHER'S MAIDEN NAME Unk	First Middle	Lost
16	- WAS DESTACED EVED IN U.S. ADM	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY N		Address	
	(es, na, ar unknawn) (If yes give w	at of dates of service)	Family	Same	
	18. CAUSE OF DEATH (Enter and	y ane cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART 1. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)			
	4369	DUE TO, OR AS A CONSEQUENCE OF	-0.000		
	Conditions, if any, which gave) rise to immediate cause (0),	(b) HRTF	ERIOS Clew	X7	
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(c)			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
Not	19g, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	DEODMED 100- AUTODOVO	20b. IF YES, WERE FINDINGS CO	ONGINEDED IN CERTIFYING
/ 500	190. DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY2 YES NO [CALISES OF DEATHS	ONSIDERED IN CERTIFIING
/ CEDITICION	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	Land La	ter nature of injury in Part 1 or Port 2, 1	tem 181
		H HOUR A.M. Manth Day Year		is notice of injury in run 1 of run 2, 1	10.1
MEDI	OR CONTRIBUTING CAUSE OF OF ATT (If either, notify medical examing) 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC		la. City or Town	County State
	While Not while at wark at wark	OFFICE BUILDING, ETC.	10/11	- lealer	
	220. I certify that (!) (thi	s hospital) attended the decease	ed fram 7 8/01, 19	, ta	, that (I) (we) last
	saw the decreased a	ive anl (I) (we) (did) (did not) view the	9 and that in (my) (our) or	pinion deoth occurred on the do	te ond hour ond from the
	22b. SIGNATURE	1.B. Rauris	DEGREE PHYS.	MED. STAFF PHYS.	DATE SIGNED 9/6/
1	22d. PHYSICIAN NAME (Type)	Baruno	2 19 22e. ADDRESS/ 3	20 Hapital Dr	m GB-Mel
23	3a. BURIAL, REMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
6		1 -21 -	y Cross Cem	AA Co	
3 3	4. FUNERAL DIRECTOR	ADDRESS ADDRESS	ave 250. REC'D	2 2 1968 2Sb. REGISTRAR'S	SIGNATURE
Y	Mc wells /- H.	v37 fatapsco	7/11/V-5 DATEUL	4 4 1000	A Park



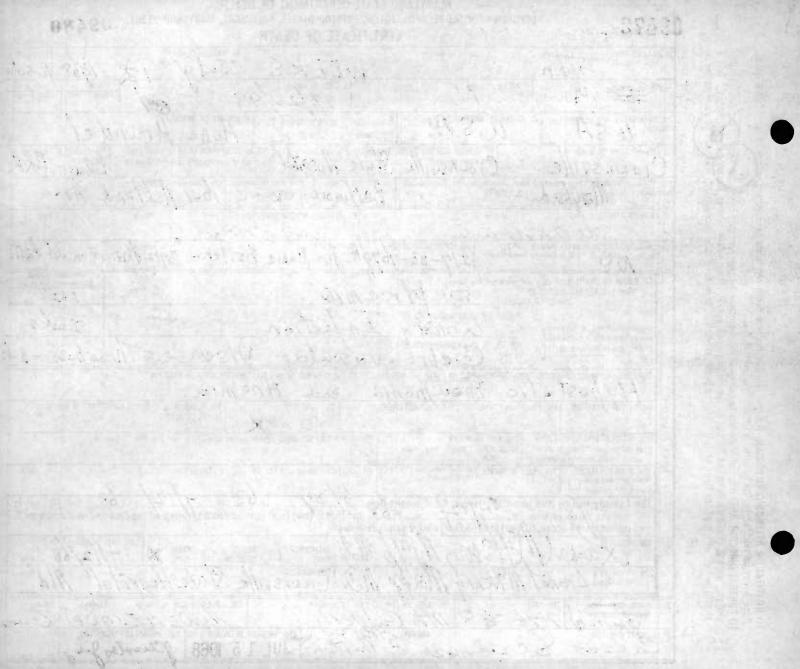
MARYLAND STATE DEPARTMENT OF HEALTH

82556 Standard Land	THE REPORT OF THE PARTY OF THE	0,5430
. 18 1 18 1 18 1 18 1 18 1 18 1 1 1 1 1	oto galetica	6 y
	La la company and the last	
		A THE STATE OF THE
painth - Total Story	tras valutan engr	stops not
Later wells for Child We	waters reis	at at me
	darkten ban	
New Jaconsett Fr. Com Trees	60000 . 20 200j-21-000	
esta fire deservation in the contract	1. (2.2)	renell .
	3, 1986 George R. W. Granden	. ins
DED THE PROPERTY OF THE PROPER	ASSIST THE EMPLY THE	

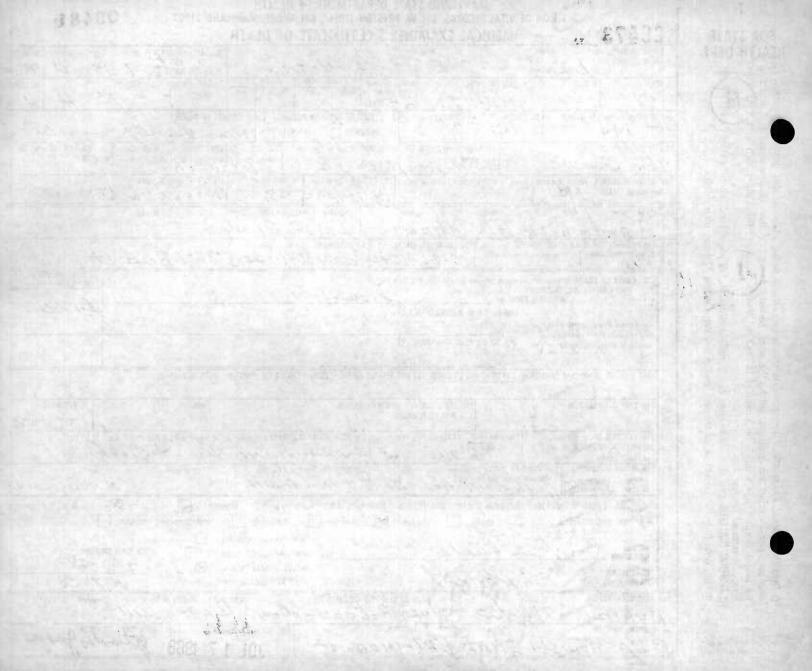
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09479 CERTIFICATE OF DEATH DECEASED-NAME First Lost Middle 2a. DATE OF DEATH 2b. HOUR P (Type ar print) July WARFIELD Frank 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR after last birthday) DAYS HOURS White Male 1887 Jan. 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [Anne Arundel Maryland within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most at warking life, even if retired.) **INDUSTRY** Annapolis Anne Arundel Gen. Hosp. burial, crematian, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary land 13b, COUNTY South River Park Edgewater Arundel 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle physician a 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1Z-INFORMANT Yes, no, or unkney (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for Joj) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave rise to immediate couse (a), DUE TO, OR AS A CONSCOUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) directar, page 3 shauld be detached far use as the has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. . 1968 , ta 1967, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased glive an_ causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type) Edward S. Franklin St. Beck. Md. Annapolis. 23a. BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 2Sa. REC'D BY REGISTRAR 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09480 FilmGL02 7/19/68 km CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF, DEATH and 2 death. 2b. HOUR 24 hours after death. funeral (Type ar print) Manth Pages 1 4. RACE S. DATE OF BIRZH IE LINGER 1 YEAR IF LINGER 24 HRS the MONTHS CAYS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or Jareian 7b. CITIZEN, OF country) WIDOWED 7 DIVORCED 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (Kind of work done Juring mast af warking life, even if retired.) Shorer-13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before burial, crematian, ar remaval, and in any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed YES 🔽 NO remaye COM 14. FATHER'S NAME Last and Middle 1S. MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate be please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 NFORMANT Addres Yes, na, ogunknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND CEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS CONSEQUENCE Page 4 may be retained by the hospital or attending physician. stating the underlying cause OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/DRECONDITION GIVEN IN PART 1(a) Hnemia. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while 22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased glive on. couses stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 68 DIRECTOR PHYS. 22d. PHYSICIAN'S 220 ADDRESS 23c. NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Caunty) (State) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/685



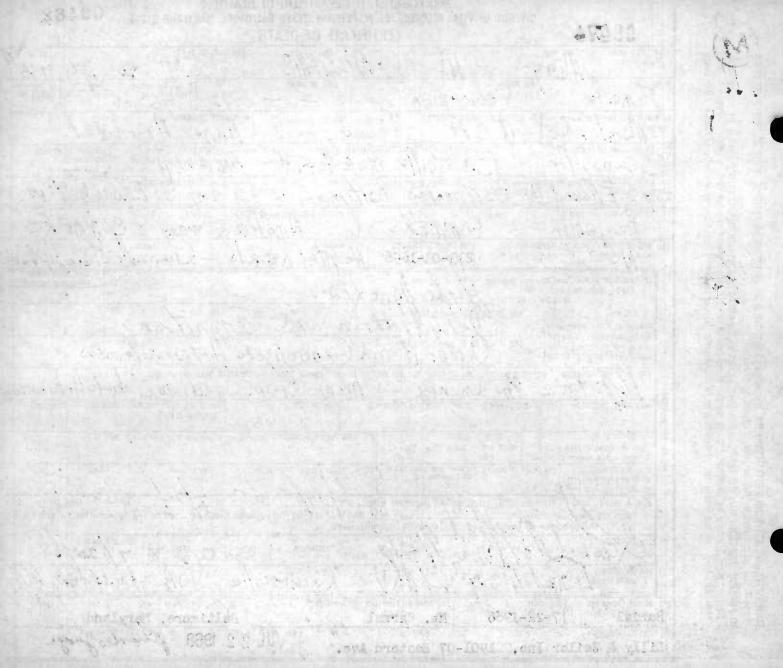
MARYLAND STATE DEPARTMENT OF HEALTH 09481 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Yeor 2b. HOUR (Type or Print) ESTI-Williams 19 M DEATH MATED 6. AGE (In years IF LINDER 24 HRS. 3 SFX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 13 Year 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form Anne Arendel. WIDOWED [DIVORCED Tond 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ofter death. odmission) STATE 7035. Bond YES NO T 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME be executed within 57-36-9646 PEGGY U11 within APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY perm IMMEDIATE CAUSE (o). should be forworded to the Chief Med event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 or removol, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES [NO TO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING cremation, Swimming . My. Pleasant. Beach CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory office building, etc.) BudenA A.ACO. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry A and in my apinian death resulted from Matural causes . Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER funerol SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may ADDRESS(Street, city, town, or county) NAME (Type) the 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68



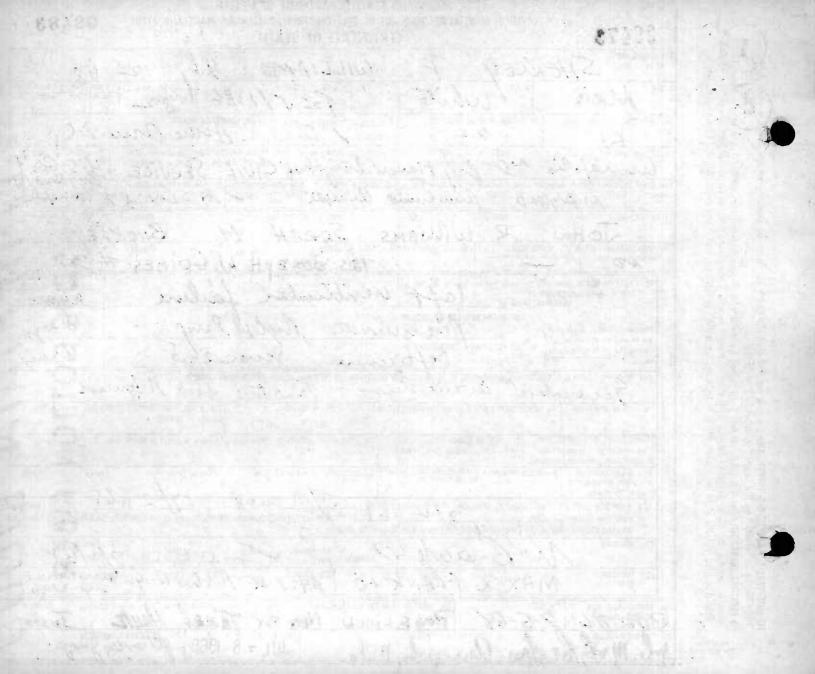
MARYLAND STATE DEPARTMENT OF HEALTH 09482 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH within 24 haurs after death (Type or print) Yeor, 4. RACE ician and campletely filled in by the fur lease remove carban papers. Pages 1 and in any event, within 72 haurs after S. DATE OF BIRTH last birthray) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS auces 12h 6 YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote) or foreign MARRIED NEVER MARRIED DIVORCED [WIDOWED 🔀 10. CLIY OR TOWN OF DEATH LL NAME OF HOSPITAL OR INSTITUTION (If no) in haspitol 120. USUAL OCCUPATION (Kind of 12b. KIND OF BUSINESS OR **INDUSTRY** 13d. INSIDE CITY LIMITS? 13e. STREET 130. USUAL RESIDENCE Where deceased lived. Mostitution; Residence before be executed Middle 14. FATHER'S NAME 15. MOTHER'S MALDEN NAME First First Middle Lost 2 Wiley attending physician permit. Then please requires that the death certificate 16b. SQCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANA Address Yes, no, Ar unknown) (If yes give war or dates of service) MERIO regnetal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (b).

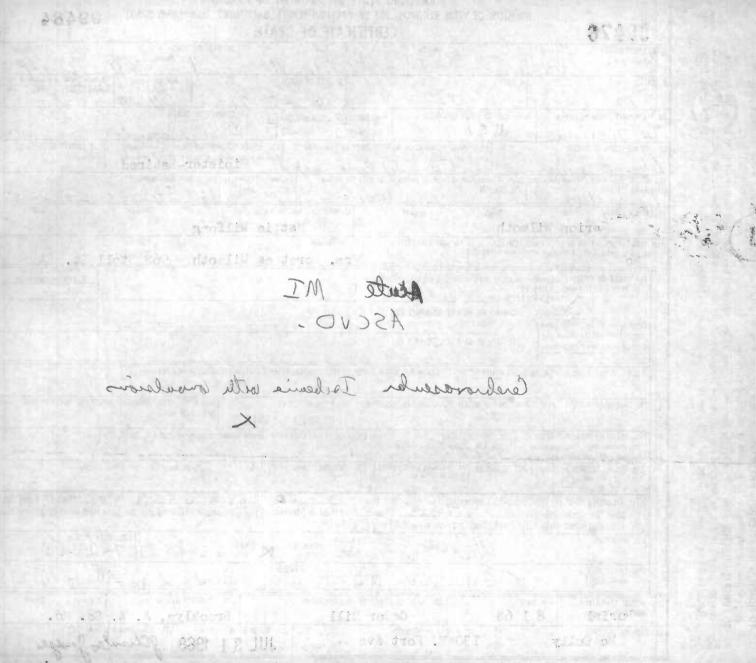
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH director, page 3 shauld be detached far use as the burial-transit perr should be filed with the State Dept. af Health priar ta burial, crematian, A CONSEQUENCE OF DUE TO, OR signed by the burial-transit p Conditions, if ony, which gove 01 rise to immediate couse (o), DUE TO, OR AS A CONSTQUENCE OF stoting the underlying couse STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART A. O'FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? NO 🔀 YES [Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) City or Town Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION & Street or R.F.D. No. County While Not while OR ATTENDING 22a. I certify that (1) (this hospital) attended the deceosed from and that in (my) (our) opinion death occurred on the date and haur and from the sow the deceased alive on. (we) (did not) vie with bady after death. causes stated above, M 22c. DATE SIGNED ATTENDING MED. DIRECTOR X DEGREE PHYS 220 ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23b. DATE 23o. BURIAL, CREMATION, But Me VAL (Specify) 7-22-1968 Baltimore, Maryland Mt. Carmel **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) (30M REV. 1/6) Lilly & Zeiler Inc. 1901-07 Eastern Ave.

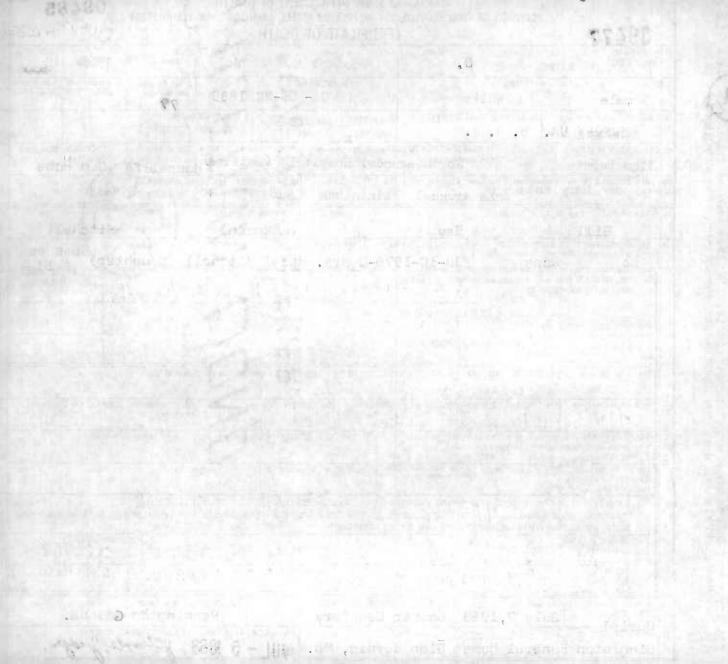


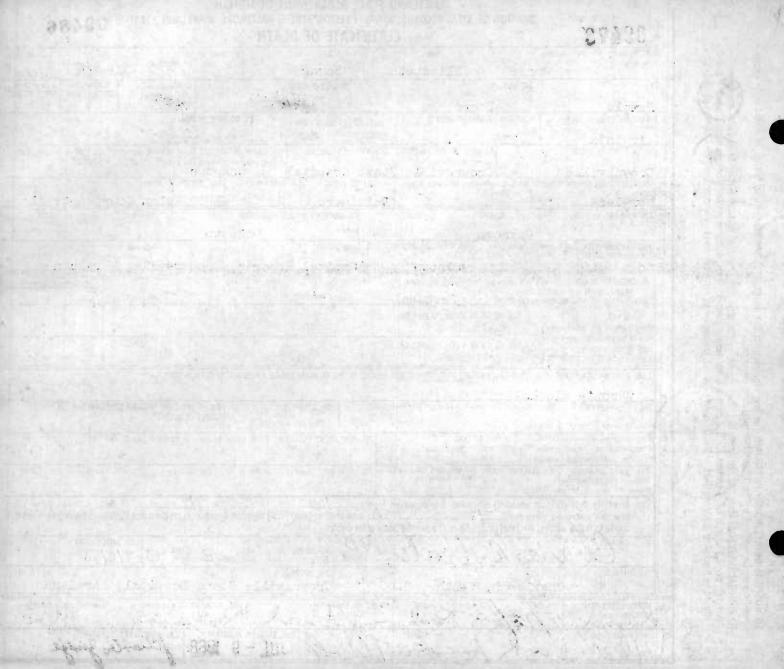
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09483 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2b. HOUR death. (Type or print) Day Manth After this certificate has been signed by the attending physician and campletely filled in by the Far be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE IF LINDER TEAR 5. DATE OF BIRTH AGE (In years IF LINOFR 24 HRS last birthday) DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 11.5. WIDOWED A DIVORCED [campletely filled 10. CITY_OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY_OR TOWN 13e. STREET AND NUMBER admission) COUNTY YES [14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, navorunknawn) (If yes give war or dates of service) the attending phys APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY' CAUSES OF DEATH? YES | NO T TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OBATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town Stote County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an-_19 6 and that in (my) (aur) apinian death accurred an the date and havr and fram the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 2106 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (State) (County) VR A15 (4) 30M REV, 1/68





	ลิธมราช	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, B CERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201	9.05R
	DECEASED-NAME First (Type or print) Alpha	Middle	lost Woodard	20. DATE OF DEATH	Day 1968ar 2b. HOUR
3.	SEX Fe male	4. RACE White	S. DATE OF BIRTH 04- 06-8	6. AGE (In yeors last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
7o.	BIRTHPLACE (Stote or foreign untry)	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED NUMBER OF THE MARRIED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
	CITY OR TOWN OF DEATH Glen Burnie	give street addressh An	rundel Hospital duri	usual Occupation (Kind of work do (Retited) glife, even if refire Housewif	12b. KIND OF BUSINESS OR INDUSTRY!! BUTHOME
13d adi	o. USUAL RESIDENCE (Where deceose missian) STATE Marylan	d lived, if institution: Residence before disb. county Arnne Arundel	13c. CITY OR TOWN Linthicum YES	NO 13e. STREET AND NUMBER NO 109 Charles	s Road
14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NA		
16	a. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (If yes give wa no Nor	or dates of service)		known) Address l Mitchell (daug	Same as
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE O (c) DITIONS CONTRIBUTING TO DEATH BUT	D-	E OR CONDITION GIVEN IN PART 1(a)	ols
CEPTIEICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	RFORMED 20a. AUTOPSY?	2Db. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
MEDICAL CER	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Manth Day Yea	r 19	(Enter nature of injury in Part 1 or Part	2, Item 18.)
M	While Nat while at wark 22a. I certify that (I) (this	haspital) attended the decea	.19, and thát in (my) (aur bady after death. DEGREE PHYS.	19, ta, ta, apinian death accorred an the	22c. DATE SIGNED
Ь	a. BURIAL, CREMATION, REMOVAL (Specify) 11		F CEMETERY OR CREMATORY T Cemetery	23d. LOCATION (City or Town) Pennington	
24	FUNERAL PORTECTION FUNE	ADDRES	S 250. RI	EC'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE





	09473 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09487 CERTIFICATE OF DEATH								
CERTIFICATE OF DEATH									
1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Associate 7. INDEA	2b. HOUR P								
(Type or print) Louis Joseph ZINDEL July Month	6, Day 1968 7:55 M								
July Month July Month July Month July Month 3. SEX A. RACE White S. DATE OF BIRTH July Month	years if under 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.								
Male White OUNE 27 /89/ 1977	YRS.								
Country Coun									
	del County Md.								
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if	f retired.) INDUSTRY								
The state of the s									
Niddle Last 15. MOTHER'S MAIDEN NAME First Middle Last 15. MOTHER'S MAIDEN NAME First	Middle Last								
of GEREGE ZINDEL MARY	KASTNER								
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address								
Yes, na, or unknown) (If yes give wor or dates of service) 138 07 37 MISSEILEENZINDEL	TASADENA MID								
18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcine ma To SIS	Mos.								
DUE TO, OR AS A CONSEQUENCE OF									
Canditians, if any, which gave) (b) axonoma of heckum	2485.								
rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF									
8 · 5 · 6 · 6 · 6 · 6 · 6 · 6 · 6 · 6 · 6									
Stating the underlying cause OF ON AS A CONSEQUENCE OF OR STATE OF ON THE STAT	(a)								
No contract No 15 4 X									
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE CAUSES OF DEATH? YES □ NO ☑ 10a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12b. HOW INJURY OCCURRED. (Enter nature of injury in Part 1	FINDINGS CONSIDERED IN CERTIFYING								
SE S									
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19 21a. INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year P.M. 19 21a. INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year P.M. 19 21a. INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21b. INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 19 21c. HOW INJURY OCCURR	ar Part 2, Item 18.)								
Designed of the period of the	Caunty State								
22a. I certify that (I) (this hospital) attended the deceased from 19 25 ta saw the deceased alive an	(d, 1962, that (l) (we) last								
saw the deceased alive an									
22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE PHYS. PHYS. PHYS. PHYS.	22c. DATE, SIGNED								
DIRECTOR DIRECTOR DIRECTOR DIRECTOR PHYS.	1/2/62								
MAME (Type) J. Fred Hawkins, Jr. 16 Murray Avenue	e.Annapolis. Md.								
## W 5 7									
23c, BURIAL CREMATION, 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (Giv or	Tawn) (Caunty) (State)								
Causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. ADDRESS 22d. PHYSICIAN'S AAME (Type) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or 1) 23d. LOCATION (City or 1) 23d. LOCATION (City or 1)	Town) (County) (State)								
Stating the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	Tawn) (Caunty) (State)								

18750				0.1455
	y at	. 1.1.2	riganal	11,01
		A THY S	45.11 ⁴	· f
anuo i eur	ายๆ ผ่า			
				1200
No. Salah			10. Take	
A CHARLES AND A STATE OF THE ST				
				**
peldagama, s	וב מצורה ביי וויים בו		Hawkins, Jr.	1, 2003
	Bael s I ma			